STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR Dr Delima's signature approved by State Med. Exam. REG. NO. 20. DATE OF DEATH MONTH 7b HOUR DECEASED NAME LIVPE OR PRINTS January 18, 1985 3:55 PM Alexander Landini AGE (IN YEARS LAST BIRTHDAY) F UNDER I YEAR IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH 3 SEX Aug. 6" 1927 Caucasian Male BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Washington DC U.S.A. Prince Georges County, WIDOWED 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) STEO WOMENGO WANGE NAUSTRY Laure1 Greater Laurel Beltsville Hospital USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 8607 Montpelier Dr. 20708 NO TO Laurel PG Co Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Giaianni Antonio Landini Concettina 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Same as #13e 577-32-6386 Carmela Landini 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIO GENIC IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF CARDIO MY ODATH 1 SCHARMIC Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last SEUBRE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES | 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDIC AL EXAMINER) 214 IN JURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) AL WORK NOT WHITE 18 19 85 that (1) (we) last 22a I certify that (1) (this hospital) attended the deceased from\_ 25, and that in (my) (our) apinian death accurred on the date and hour and from the causes stated saw the deceased alive an. obove, (1) (we) (did) (did not) view the bady after death 22h SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF ATTENDING MO 1.18.85 PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME LIVE OF PRIN 22e ADDRESS CAREST PARK DRIVE CHRISTINE

DHMH ~ 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR FLECK FUNERAL HOME INC. 7601 Sandy Spring Rd. Laurel, Md. 207h7

23a BURIAL, CREMATION, REMOVAL

Burial

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

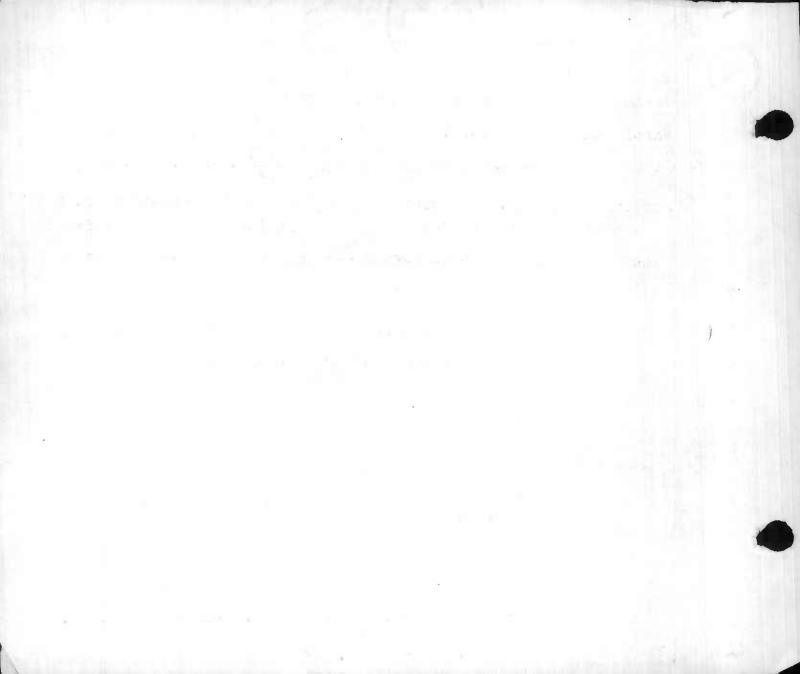
Gate of Heaven Cem, Silver Spring, Md.

23d. LOCATION

14201

23c. NAME OF CEMETERY OR CREMATORY

HOUSECHERY



within 24 hours often

executed

certificate be

deoth

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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retained by the hospital or attending physician.

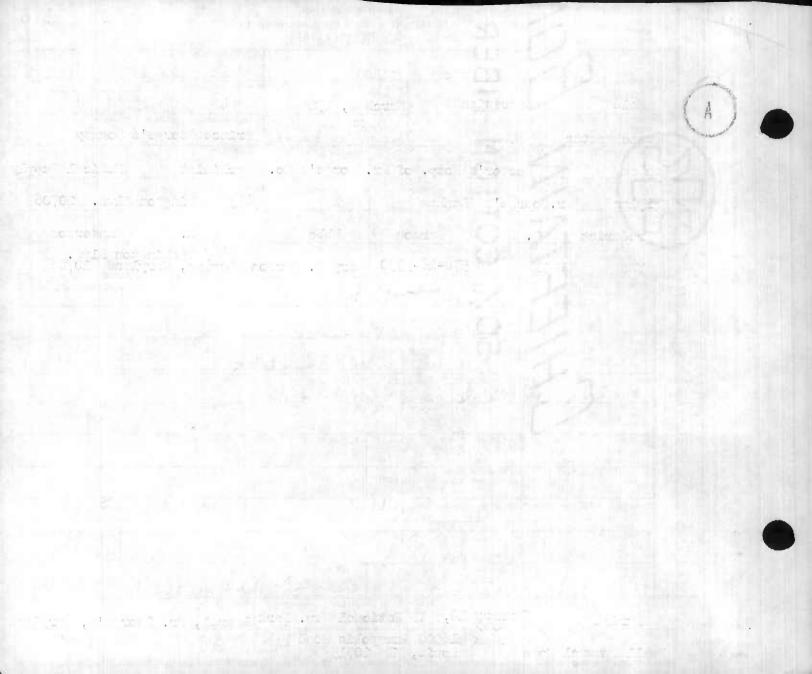
		FOR
1	-	STATE
		REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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	REGISTRAR				CERTITIO	CAIL OI DEATH		REG. N	10.		
	1. DECEASED NAM	E FIRST	MIDDI	E	LAS	51	2a DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TIPE OR PRINT)	Robert	Fredi	ick	LARS	ON	Jar	nuary	8,1	985	12:19
1	3. SEX		4 RACE		5 DATE OF	BIRTH YEAR	6 AGE (IN	N YEARS LAST BH	RTHDAY)	MONTHS DAT	
1	/ Male		Caucasiar	1	March		61	+	YRS		13 HOURS I
	70. BIRTHPLACE (	STATE OR FOREIGN	16 CITIZEN OF WHA	AT COUNTRY?	8	PENEVER MARRIED			OR COUNT	Y OF DEATH	
30	Massachu	setts	USA		WIDOWED		Prin	nce Ge	orge!	s Coun	ty
(1)	10 CITY OR TOWN					OTHER INSTITUTION		LOCCUPAT			OF BUSINESS
2	Lanham			HOSO. C		George's Co	Mack	ork FOR MOST		Medi	cal Sup
17	USUAL RESIDENCE		ROTHER INSTITUTION GIVE	RESIDENCE BEFORE	ADMISSION)						
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9/	YES	WW I				Mary C. Lar	SOII LE	annami	Marr.		
=	PART LD	EATH WAS CAUSE	nly ane cause per line	for (a), (b), and	C	1				BETWE	OXIMATE INTERVA EN ONSET AND DE
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ous out	SIO VCCIDENT	OPERATION	196 CONDITION	N FOR WHICH C	PERATION	WAS PERFORMED	20a AU	TOPSY?	IN CERT	ES, WERE FINI IFYING CAUS YES	DINGS USED SES OF DEATH?
18 sh	210 ACCIDENT	WAS UNDERLYING	216. TIME OF IN			21c HOW INJURY OCCU					-
EA	OR CONTRACTO	ING CAUSE OF DE	A117	MONTH DAY	YEAR						
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_	230 BURIAL, CREM					METERY OR CREMATORY		CATION ITY OR IOWN		COUNTY	STAT
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7/84	24 FUNERAL DIRECT	Neug.	k(has	16000	Annapo	olis Road 25	ATE REC'D BY	REGISTRAR	25b. REOMS	STRAR'S SIGN	344602
	Beall Fr	neral lo	me	Bowie,	MD 2	20715 JA	MIOI	300	0,000		

DHMH - 16 60M 7/84 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.					
	CEASED NAME	FIRST	,	MIDDLE	t.	AST	20 DATE C	OF DEATH MONTH	DAY	YEAR	2h HOUR		
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3 SE	X	4	RACE		5. DATE C			YEARS LAST BIRTHDAY)		JNDER I YEAR	IF UNDER 24 HRS		
N	Male		Negro		Feb		55 Y	ears y		THS DAYS	HOURS MIN.		
	RTHPLACE (STATE OR F	OREIGN 71		WHAT COUNTRY?	8.			ORE CITY OR COU		DEATH			
	shingt n,	DC	U. S.	A.	WIDOWE	D NEVER MARRIED DIVORCED	Pr	ince Geor	ge'	S	MD.		
	TY OR TOWN OF DEA					OR OTHER INSTITUTION	12a USUA	LOCCUPATION	126 KIND OF BUSINESS OR				
I	anham		Doctor	s Hospi	tal of	Pr Geo Co	Head	Porter		Pri vat	vate Ind.		
USU	AL RESIDENCE HE NURS		THER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)						20 =210 •		
	Maryland	P. G	_	Greenbe.		13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE 1442 Ridge Road #5						
	THER'S NAME	-			1.0	15 MOTHER'S MAIDEN NA		WIDDLE	id li				
qr k	omas Law	MI	DDt€	LAST		Beatrice	Abee	LAST					
16a V	VAS DECEASED EVER			166 SOCIAL SECL	RITY NO.	17 INFORMANT		ADDRES			and #5		
NC	YES, NO OR UNKNOWN)	HEYES GIVE	WAR OR DATES)	577-38-2	718	Teresa (Terry) Wilson, Friend, Greenbelt,							
CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse  PART 2 OTHER SIGN  190 DATE OF OPERAT	ediote g the lost	DUE TO, OI	ilut	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEA	TOPSY? 20b. II	F YES, V	VERE FINDIN	4GS USED		
TIFIC							YES 🗌	NO	RTIFYIN	NG CAUSES	OF DEATH?		
MEDICAL CER	216. ACCIDENT WAS UND OR CONTRIBUTING. C (IF EITHER NOTHER MEDIC 21 d. INJURY OCCURR AT WORK NOT WHAT WORK 220.1 certify that (I) sow the decays 220.2 certify that (I) 27b. SIGNATURE 27d. PHYSICIAN'S NA	AUSE OF DEATH AL EXAMINER)  ED  ILE	P.J. 21e PLACE ( TAT HOME STR  1) ottended the view the body	M. MONTH D. M. DF INJURY EET, FACTORY, OFFICE, F	19 May	216 LOCATION STREET  216 LOCATION STREET  and that in (my) Local population  PEGREE PATENDING PHYSICIAN []  27e ADDRESS	deoth occup	CITY OR TOWN  2 2 2  red on the date and	hour or	COUNTY			
23a E	BURIAL, CREMATION	REMOVAL	23b DATE		NAME OF C	EMETERY OR CREMATORY	23d LOC	ation ind ver.	1	401 2	0700		
Bi	rial		26 Jan	85 Ha	rmony	Memorial Par	k La	, Maryland					

FEB 0 4 1985 AR

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

NERAL DIRECTOR 1432 YOU St., NW ERNEST JAKVIS CO., INC., Washington, D. C.

should be detached for use as the burial-transit permit. Then please remove corbowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re

IMPORTANT If hem 21 is morked or hem 18 shows ony

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FOR

(VRA 15, 4)

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TO FUNERAL DIRECTOR. After this

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

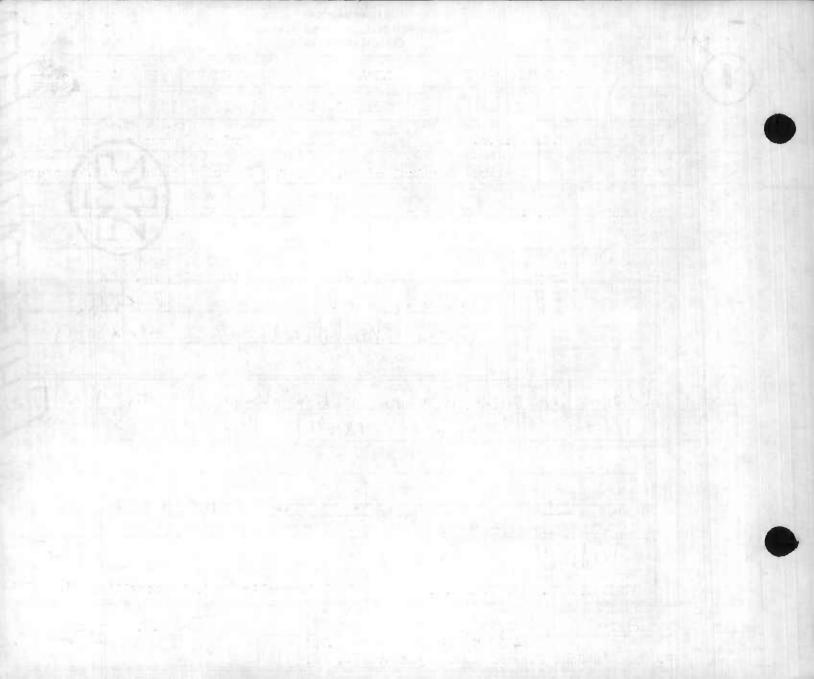
STATE OF MARYLAND

X	1 -	FOR STATE REGISTRAR			DEPA		FICATE OF DEATH	REG. NO		day /	
ī		CEASED NAME	FIRST		MIDDLE		LAST .		ONTH DAY	YEAR	26 HOUR
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1	SE)	(		4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNI	DER I YEAR	IF UNDER 24 HRS
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4		ashington,		U.S.A		WIDOWI		Prince Ge	orge's		MD.
		TY OR TOWN OF DEA	TH		H FACILITY, GIVE ST	REET ADDRESS)	Pr. Geo. Co.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Security G	working Life) 12 ward	KIND OF DUSTRY U.S.T	BUSINESS OR reasury
	USUA 13a S	AL RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BE	EFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	7IP CODE		
		rvland	P	G.	Chever		YES NO	2503 Valle		2078	5
1		THER'S NAME		MIDDLE		,	15. MOTHER'S MAIDEN NA	ME	y way		
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	,	S WWT	Arms		213 12	1946	Emma LeDane			0785	
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		226 SIGNATURE	ISIV)	OR PRINT)	MI	My	DEGREE ATTENDING PHYSICIAN E	MEDICAL STAFF  DIRECTOR PHYSICIA		1/10	185
		FREDERI	CK H.	WILHELD			5807 Annapo	lis Road, Hy	attsvil	le, M	ld. 2078
	23a B	URIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cou	INTY	STATE
	_	Burial		1/16		Fort Li		Brentwood			nd
	24 FL	INERAL DIRECTOR		4739	Baltimo	re Aver	nue 20781 250 DAT	TE REC'D. BY REGISTRAR 2	Sh. REGISTRAR	PROMPLE	Medica
	F.	Gasch's S	ons F	uneral	Home H	lyattsvi	ille, Md. JA	W 20 1300			

F. Gasch's Sons Funeral Home Hyattsville, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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should be detached for use as the burial-transit permit. Then please remove corbangabe with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumotic event, the

TO FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

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FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEI

CERTIFICATE OF DEATH

STATE OF MARYLAND	Spire	n	2	1	2	-
RTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH			-		- 11	
CENTIFICATE OF DEATH	REG. NO.					

	REGISTRAR						REG. NO.				
	DECEASED NAME	FIRST	WIDDLE	l.	AST		20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR			
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	Mare	ь	lack	May	13	1931	53 YRS				
	BIRTHPLACE ISTATE OR FOR		EN OF WHAT COU	INTRY? 8	- D NEVER		9 BALTIMORE CITY OR COUNTY	OF DEATH			
N	orth Carolin	a U.S	.A.	WIDOWE		MARRIED	Prince George				
10	CITY OR TOWN OF DEATH	1 11. NAA	AF OF HOSPITAL	NURSING HOME C			12g USUAL OCCUPATION	MD.			
	Greenbelt		OT IN SUCH FACILITY, GIV	VE STREET ADDRESS)	, OTTIER II	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TYPE OF WORK FOR MOST OF WORKING LIFE				
4				Hospital			Administrator	D.C. Gov't			
13	SUAL RESIDENCE (IF NURSING	SHOME OR OTHER INST	131. CITY O		1 13d INSIDE	CITY HAALTS?	1136 STREET ADDRESS / ZIP CODE				
	Maryland	Prince G	eorge Gre	enbelt	YES T	NO X	1722 Hanover Pa				
14	FATHER'S NAME	1	Ψ			S MAIDEN NAM		I Kway Apt 204			
9	Edward	CADDIE	L,	ASI		ESDCT	WIDDIE	LAST			
1				Lee	E	velyn		Bryant			
160	WAS DECEASED EVER IN				17 INFORM		ADDRESS				
	Yes	Korean C	onflict 2	239-46-25	76m A	nthony (	G. Lee 9529 Kilin	maniaro Rd			
								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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$\Pi \ge$	190 DATE OF OPERATIO	ON 19b.	CONDITION FOR	WHICH OPERATIO	WAS PERF	DRMED	200 AUTOPS 206 IF YES	, WERE FINDINGS USED			
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1 5	(IF EITHER NOTIFY MEDICAL	EXAMINER]	P.M.	19							
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-10	saw the deceased		Tan 5		al that is town	,  Y	to the details	that (I) (we) last			
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	22b. SIGNATURE	20	11		DEGREE			22c. DATE SIGNED			
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		U									
-											
230	BURIAL, CREMATION, RE			236 NAME OF C			23d LOCATION				
	Burial	Jan.	8,1985	Parkwoo	od Ceme	eterv	Baltimore	COUNTY STATE			
24	FUNERAL DIRECTOR						E REC'D. BY REGISTRAR 25b. REGISTI	RAR'S SIGNATURE			
	Leonard J. I	Buck In	Rol+:AC	DORESS MA			10.	Davidson-Randelle			
	Devilar u 0 1	tuck, III	o Dal Clm	ore, Ma.			AN 7 1985 guna	Annigon-Noutener			
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Isonard J. Duck inc. Balt. sage, Md.

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e. Comphie Sons E.D. P. . Brattsville, Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



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January 25, Metropolitan Orematory Alexandria, Sainfex, Minchida

(VRA#5, 4)

STATE OF MARYLAND

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injury, or other troumotic event, the

IMPORTANT: If hem 21 is morked or

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

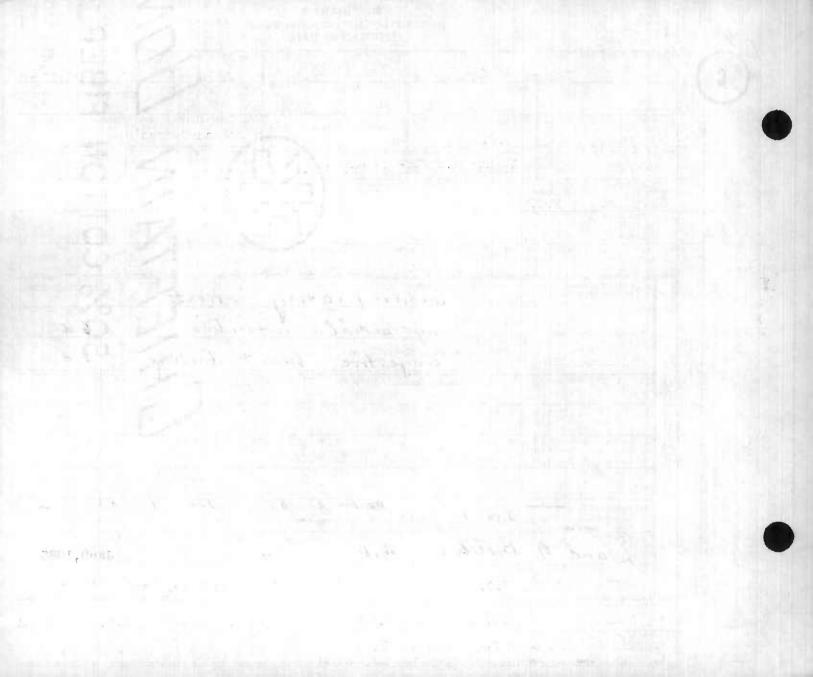
		KEGISTKAK								REG. NO	D.			
		CEASED NAME	FIRST		MIDDLE		LAST	1 13 5	20 DATE C	FDEATH	MONTH D	AY YEAR	2b HC	OUR
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	3 SEX	X		RACE		5. DATE (		YEAR	6 AGE (IN	YEARS LAST BIRT	HDAY)	ONIHS DAY	AR IF UND	DER JHRS
	M	ale		Whi	te	11	21	1944	40	)	YRS			
2		RTHPLACE (STATE C	R FOREIGN 7	6 CITIZEN OF	WHAT COUNTR	RY? 8	D NEVER	MARRIED T			R COUNTY			
1		rginia	1200	U.S.	Α.	WIDOW		VORCED [	Pri	nce Ge	eorge's	S		MD.
A		ITY OR TOWN OF D			HOSPITAL, NUR	REET ADDRESS)	OR OTHER INS	TITUTION		OCCUPATION FOR MOST OF	ON F WORKING LIFE	126. KIND	OF BUSI	NESS OR
1		Lanham					Pr. Ge	o. Co.	Truck	Driv	er		mer.	Van
	USUA 13a S	AL RESIDENCE (IF NO	136 COUN		THE RESIDENCE BE		113d INSIDE	ITY LIMITS?	113e STREET	ADDRESS /	ZIP CODE			Lines
1		aryland	P.G.		Bowie		YES 🛣	NO 🗌		Kress	on Pla	ice 20	1715	
	14. FA	ATHER'S NAME	A	AIDDLE	LAST		15 MOTHER	S MAIDEN NA	ME	MIDDLE			LAST	
24		Albert	1	P	Lind	say	Et	he1	-	M.		Pr	citt	
1		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SE	CURITY NO	17 INFORM	ANT		ADDRE	55		5 11	
		No			228-60-	-6416	Irene	S. Lin	dsay	(Wife)	Same			
		18 CAUSE OF DEA	TH Enter only	y one couse per			-	,		1,	,	BETWEE	OXIMATE IN	TERVAL ND DE ATH
٩		PART I. DEATH		CAUSE (o)	car	diore.	spira	tory	as	rest		2.75		
				DUE TO, O	R AS A CONSE	QUENCE OF	1 50		~ -	T- 1			,	
		Conditions, if or		( ıb)	m	yo car	sine	111	tares	con			6 d.	
	100	gove rise to in couse (a), sta	ting the	DUE TO, O	R AS A CONSE	DUENCE OF		1	1	faile		1.00	zd	
		underlying cou	se lost	(c)	Co	nges 1	tive	hear	VT	taile	uve		20	/
	2	PART 2 OTHER SH	GNIFICANT C	ONDITIONS CO	ONTRIBUTING 1	TO DEATH BUT	NOT RELATE	TO THE TERM	AINAL DISEA	SE OR CON	DITION GIVE	NINPART	10	
-	CERTIFICATION	IA DATE OF ORE	ATIONI	Tink CONID	ITION FOR WALL	CU OBERATIO	NI MAKE BERE	NB5D	120- ALIT	OBS V3	JAL IE VEC	WERE FIN	DINICS	150
1	FICA	190 DATE OF OPER	ATION	146 COND	ITION FOR WHI	ICH OPERATIO	N WAS PERF	DRMED	20a AUT	_	IN CERTIFY	YING CAUS	SES OF DE	ATH?
	ERT	21g. ACCIDENT WAS L	NDERLYING -	21b. TIME O	E INTUIDY		1214 HOW I	JURY OCCUR	YES [	иож]	YES		NO	
		OR CONTRIBUTING		1100100 1	M. MONTH	DAY YEAR	21C11044 II	- JOK! OCCOR!	KED (ENTERN	ATURE OF INJUR	CY IN ITEM IS PA	NI I OR PARI 2	71	
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		220 I certify that		Jan a	e deceased train	0		19 0 3	death accurr		te and hour		_, that (1)	stoted
ď		obove, (1) (22b SIGNATURE	(did not	view the body	ofter death.		DEGREE	(	debili occori	ca on the ac	ne ond noor		TE SIGNE	
		Dan	1 0.	Breit	ther	M,		ATTENDING _	MEDICAL	STAF	F			
-		22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)		, ,,	22e ADDRE	PHYSICIAN X	DIRECTOR	PHYSIC	IAN	Jan	9,198	50
		DAVID B					100	0 Galla	ent Fo	v Lane	Bow	ie Me	1 20	715
-	230 0	BURIAL, CREMATION		23b. DATE	To	3c NAME OF C			23d LOC		, DOW.	LC, M	. 20	
	130 0	Burial	, KEMOVAL	1/12/8				Cemeter	C1T	Y OR TOWN	4	D C	Mara	STATE -
	24 FI	INFRAL DIRECTOR		1				250 DAT	<u> </u>	REGISTRAR	25b. REGISTR	P.G.		yland
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DHMH - 16 60M 7/84 (VRA 15, 4)

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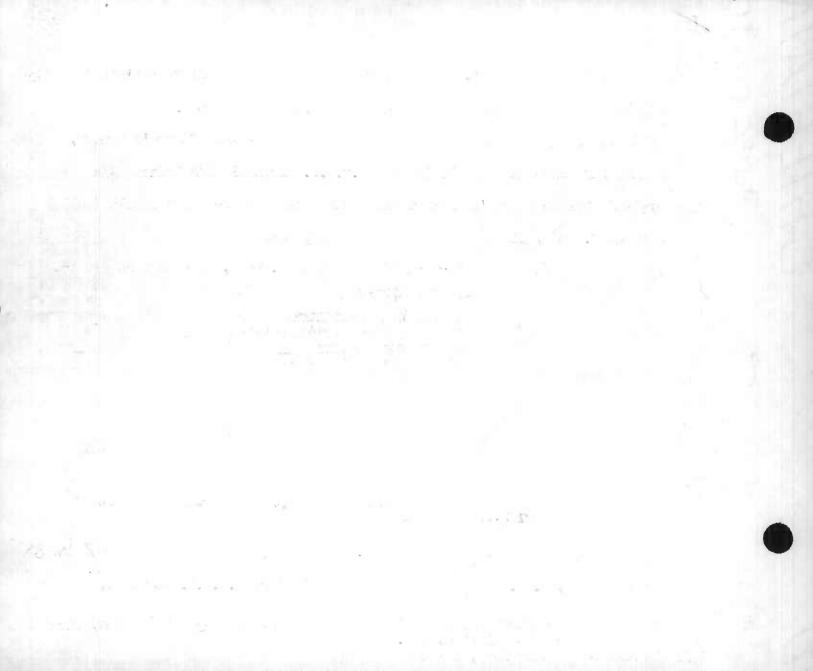
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nd	11	10	FOR	8-22a 3	/7/85 mt	DEPARTA			ARYLAND	HYGIENS	3	0 2	1	3 5	
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1	SAL SE		BIRTHPLACE (S	BLACK	76 CITIZEN OF WI			0		_ 9	BALTIMORE CIT	T / OR COUN	15/19		1
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	O HE WELL		UNDERLYING	OR	HOUR A.M		DAY YEAR	ZIE HC	OW INJURY OCCURR	ED (ENIER NAI	TURE OF INJURY IN ITE	M 18 PART 1 OR P	ART 2)		
	OR HOLD THE	7 3	CONTRIBUTI	NG CAUSE OF			19				700				
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	TO MEDICA EXECUTE TH PAGE 4 SHORE AFTER DEATH	1	EXAMINER'S (TYPE OR PRI	NAME Gree	gory R. Ka	auffma	n. M.	).	ADDRESS	lll Per	nn St.				
	TO MEDICAL EXAMINICATE SECULIE THE CERTIFIC PAGE 4 SHOULD BE FOR AFTER DEATH, WITH THE PAGE AFTER DEATH, WITH THE PAGE T	73n		TION, REMOVAL	2 2				R CREMATORY	23d LOC/					
	- AD	1.00	BURIA							CITY OR	lover P	COL Ma	_	STATE	
	17/84 BP/0/3	24	FUNERAL DIREC		19 Jan 8		rmony	Cem		REC'D. BY RI	CCICTO AD TICE D	ECISTBAD'S	signame	no.	
	DHMH - 17 (VR A15 MF (5))		NAME		ADDRESS	,	21-17	D.C.	1 10 00	N18	1985 Gul	a Daind	son-Nan		



(	B) -6	1-	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE B S	0	2 /	3 6
			CEASED NAME FIRST		MIDDLE	ŧ	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
	oge 3	(TIPE	KHRISHNA		K.	LONG	3	JANI	JARY 1	2 1985	2:44рм
	E a j	3 SE	(	4. RACE		5. DATE C		6 AGE   IN YEARS LAST BIR		FUNDER I YEAR	HOURS MIN.
	ector rrs of	F	emale	BLACK			uary 20, 1983				
	h. Po		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED 🔀	9 BALTIMORE CITY C			
	within 72 h		ilippine Isla	ds USA		WIDOWE	D DIVORCED	Prince Geo			MD.  BUSINESS OR
	offer the t		TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	- BUSINESS OR
2	5 DE E		drews Air For AL RESIDENCE IF NURSING HON		Malcolm	Grow	U.S.A.F. Hosp	ital N/A	Infant	N/A	
BALIMORE, MARTIAND ZIZO	hin 24 hi	13a. S Ma	TATE	e George	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS? FOTCE BASE 15 MOTHER'S MAIDEN NAI	130 STREET ADDRESS 3842-1 ION		cle (20	335)
×	mplets	CI	arence M. Lon	MIDDLE	LAST		Daisy Abac	MIDDLE		LAST	
ri S	2 52	Ióa. V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
Š	Poges	N/		A GIVE WAR OR DATES	214-04-4	1405	Clarence M.	Long, II -	Same 2	As #13	A-E
4	d or s			ı anly ane cause pe							MATE INTERVAL
	physical proposed pro		18 CAUSE OF DEATH IEnte PART I. DEATH WAS CA IMMEI	USED BY: DIATE CAUSE (a)	SAPETAS.	AARE	est			_	-
2	nding corbic or re			DUE TO, C	OR AS ANONE CO	ENGE	PHALIPATHY			-	
9	death attend stion, o		Canditians, if any, which		ASTOXIC	- GV	XCEPHAEN PA	THY		3	a
<u> </u>	by the case removed, cremo		cause (a), stating the underlying cause last	DUE TO, C	OR AS RESISTAN	L NA DA	ARREST	,		-	-
202, 20	squires a signed Then ple to burid	N O	PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 110	
0	ricion.  te hos beer ist permit.  grene prior	CERTIFICATION	19a DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	rySICIAN: The ding physicio is certificate I buriol-transit Mental Hygie		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	RT I OR PART 2)	
V ISC	offendin er this s the bur ond Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, FTC )	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
5	TENDIN tol or TOR: Aft or use o if Health	+	22a.t certify that (I) (this h	on 7 1 00	19	7 JAA	nd that in (my) (aur) opinian	to 12 MA			that (I) (we) last
	hospill hed to ept. of tem 2		22s SIGNAPURE	not) view the bod	fter death.		DEGREE			22c. DATE	SIGNED
	- F 0 0 0 - F		Jack	Land	ans			MEDICAL STA DIRECTOR PHYSI		12	JAU85
	HOSPITAL tined by the FUNERAL sold be det the Store		THE PHYSICIAN'S NAME IT		7		22e ADDRESS	TICAE	Homi		Irews AFI
	etoined by to FUNERAL should be de with the Store		Jack Land,				Malcolm Gro		nospi	cal, Ma	путана
		230.	BURIAL, CREMATION, REMO SPECIFY) BURIAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	7	COUNTY	STATE
	BP			January .	18, 1985	Arli	ngton National	Cemetery E REC'D. BY REGISTRAN	Arlin	ar's signat	Virginia
D	HMH - 16 50M 4/83	1	d Alexander F	runeral	Home Inc	C. W-		N 1 7 1095		avidson-l	
	(VRA 15, 4) 6633		a vievander t	erry kogo	r, CIIntor	ı, Mai	Tyland I JA	14 1 1 1200	7		



FOR STATE REGISTRAR		,	DEPARTA		EALTH AND MENTAL HYO	700	EG. NO.	121	3 1		
I DECEASED NAME	Ira		Herbert		owther	January	2, 1985	DAY YEAR	26 HOUR 08 00 A		
3. SEX Male	4.	RACE Whi	te	S. DATE C		6. AGE (IN YEARS		MONTHS DATS	IF UNDER 24 HRS		
70 BIRTHPLACE   STATE COUNTRY) West Virgi		CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH Prince George's County					
Riverdale		Leland	Memorial	Hosp	ital	12a USUAL OCC TYPE OF WORK FOR Mechani	MOST OF WORKING L	IFEI INDUSTRY	of Business or Heatin		
USUAL RESIDENCE (IF 130 STATE  Maryland	13b COUNTY P.G.	Υ	College	N	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADD 9405 4	RESS / ZIP COD		)		
Lewis		ark	Lowth	er	15. MOTHER'S MAIDEN NA Rita		DDLE	Kel	llar		
160 WAS DECEASED EN TYPES. NO OR UNKNOWN YES-Army		VAR OR DATES)	235-34-2		Mrs. Eula R.		ADDRESS Add	ress Sa # 13e.	me as		
18 CAUSE OF DE PART I DEATH	IMMEDIATE	BY CAUSE (a)	P AS A CONSEQUE	INCE OF	Blupn				IMATE INTERVAL ONSEL AND DEATH		
gove rise to cause (a), st underlying ca	ating the	DUE TO, OI	D, OR AS A CONSEQUENCE OF								
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN										
190 DATE OF OPE	190 DATE OF OPERATION		TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERT	S, WERE FINDIF IFYING CAUSES ES	WERE FINDINGS USED ING CAUSES OF DEATH?		
	CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)			
21d INJURY OCC	URRED	21e PLACE	OF INJURY	ADM ETC )	211 LOCATION	CII	TY OR TOWN	COUNTY	STATE		

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased give an obove. (1) (we) (did (oid not) view the body after death 22b. SIGNATURE

PHYSICIAN 22e ADDRESS

MEDICAL DIRECTOR | PHYSICIAN 221. DATE SIGNED Jan.2,1985

230 BURIAL, CREMATION, REMOVAL

AT HOME STREET, FACTORY OFFICE FARM ETC )

7500 Hanover Pky. Suite#201-Greenbelt, Md. 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION

opinian deoth accurred on the date and hour and from the causes stated

[SPECIFY]

Burial Jan.5,1985

William R. Leahy, M.D.

Wash. Natl. Cemetery

DEGREE

CITY OR TOWN Suitland

COUNTY P.G. Maryland

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

DHMH - 16 60M 7/84

or frem 18 sha

MPORTANT: If he

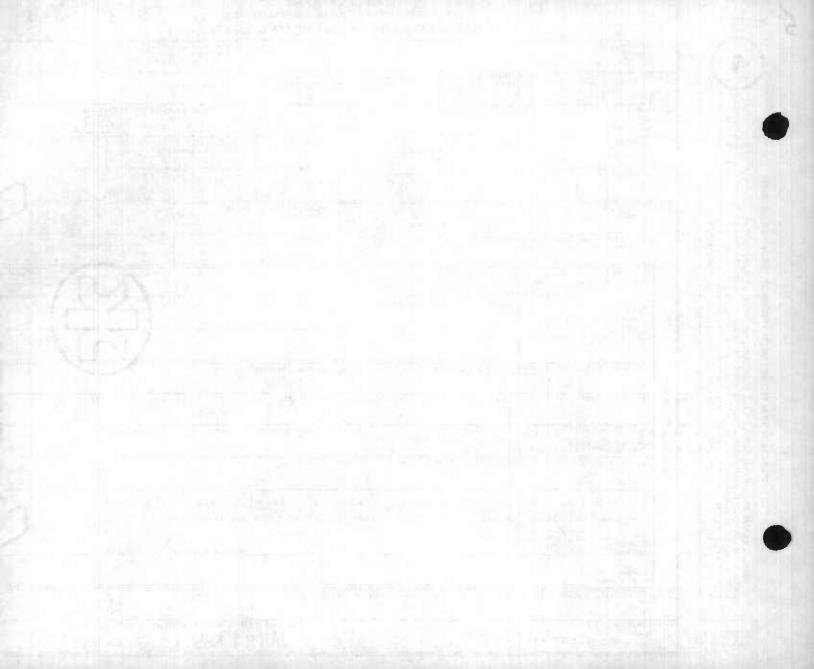
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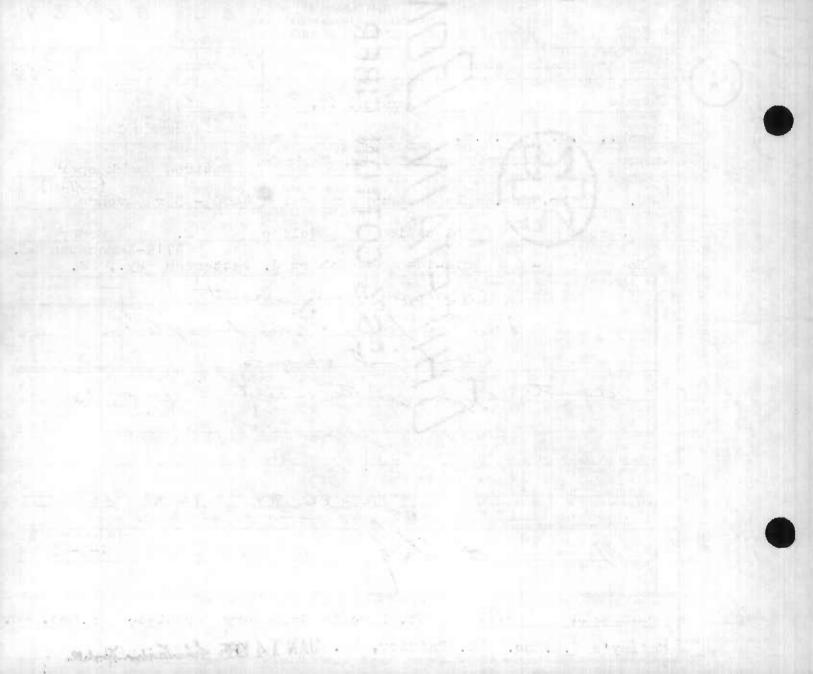
(VRA 15, 4)

MEDI

mer han f diverginal colf Timoney 2, 1995 Crein of kills similar Vally 22, 1024 - Est thing along the Siverdale telend Memorial Moderital Membrine Directand 1 Mr.C. College Nurs x 2007 of theh. 1ve. 20710 TO THE TRANSPORT Chris Louider Fith Yos-trage .... M. Mid-Sa-Mar Main Enland. Lowinson No. 170. TOWE C. HAT The Manager Chy Sustained the College of the College C Allina II. Loamy, M. D. Burks Jud. I - and the contest sufficient with the W. Gashira Sons P.R. D.A. "youkswillo, Maryland and

1/			FOR		DEPARTMENT	OF HEALT	H AND MENTAL H	ANGIENE 3	U	2	1 5	Ö
)			state registrar Unknov	vn 85-6 A	<b>MEDICAL EXA</b>	MINER'S	CERTIFICATE C		REG. NO.		100	
-			CEASED NAME FIR	ST	WIDDIE		LAST	20. DATE	KNOWN X	MONTH D	DAY YEAR	26. HOUR
- (	M Gazol	(116	e or print) Herbe	rt	T	Mac	klin	OF DEATI	H MATED	1/29	/ 1985	A
1	3623E	3. SEX		5. DATE OF BIR		E (IN YEARS IF U	NDER 1 YR. IF UNDER				DAY YEAR	6:36
	A STATE	M	alo Plack			6 YRS.	THS DAYS HOURS	MIN. PRONOL		1/ 2	9/1985	0:36 A M
	AN ALE	7a BI	ale   Black		WHAT COUNTRY?	10		9. BALTI	MORE CITY OF			11 //
	記載な事業へ		REIGN COUNTRY)	· ,	7 (2 7)		RIED NEVER MARR		nce Geor	ran's	County	7
	NEW		EXAS TY OR TOWN OF DEATH	II. NAME OF	HOSPITAL, NURSING			120. USUAL OCC			KIND OF BU	
	PAGE PAGE	Ca	nital Waighte	(IF NOT IN SUC	cheacility, give street at Adak Stree	DRESS)		FOR MOST OF W			OR INDUST	RY
	HON HON		pital Heights					Unemp	royed		7/	2014
21201	A AND A AND A SECOND	13a/S		OUND	13c CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADD		D 3	LU	141
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WD.	THE SALTH		ATHER'S NAME	MIDDLE	LAST	The state of	15 MOTHER'S MAID	EN NAME	MIDDLE		LAST	
ORE	R DEATH PAGES 1, ORM PM N OF WILL	F	rank		Mack ]		Helen 17 INFORMANT		ADDRESS	Sar	nders	
MI	ON TER	100 V	VAS DECEASED EVER IN U.S.	G. GIVE WAR OR DATES)						2.1		
PRESTON ST., BALTIMORE,	JRS AFTER 3. GIVE PA WITH FOR I. PAGES 1 DIVISION				1577/64	/1092	Helen Ma	cklin 1	893 Ad	disor		
3	HOUR NG WI RAMIT. I SRAIT. I		18 CAUSE OF DEATH (Ent	er only one cause per							APPROXIMATI	E INTERVAL IT AND DEATH
N N	AL ENERA	1		EDIATE CAUSE (o)			ot Wounds					
STO	N 24 N 1E A A CO A CO				OR AS A CONSEQU	ENCE OF						
ac ac	A A L H		Canditions, if any, v gave rise to imme									
*	OR THE SEN		lying cause last.	DUE TO,	OR AS A CONSEQU	ENCE OF				1500		
201	NO A A CO		1711g C0030 1031.	(c)							2	
DIVISION OF VITAL RECORDS,	ULD BE EXECUTED WITHIN 24 H. "PENDING" IN PENCIL IN ITEA FF MEDICAL EXAMINER ALON ED AS A BURIAL - TRANSIT PER HEALTH AND MENTAL HYGIET AL, CREMATION, OR REMOVAL		PART 2 OTNER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	ART 1 to				1071
8	D BE EXE ENDING MEDICAL AS A BU SALTH AN CREMAT	CERTIFICATION										
I K	E. WRITING THE WORD "PER RWARDED TO THE CHIEF M A TAGES SHOULD BE USED A STATE DEPARTMENT OF HEAD (2) 21201 PRIOR TO BURIAL, C	3	190. DATE OF OPERATION	19b. COI	NDITION FOR WHICH	OPERATION V	VAS PERFORMED?				20 AUTOPSY	?
· · · · · · · · · · · · · · · · · · ·	58 E 2 6 5	Ē								100	YES 💢	NO 🗌
P.	O B B B B B B B B B B B B B B B B B B B	ĕ	210 EXTERNAL CAUSE WA		E OF INJURY A.M. MONTH DAY	VEAD 21c F	IOW INJURY OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM 18 PA	RT 1 OR PART 2)		
NO	SE S		UNDERLYING WOR				bject shot					
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6	VRIT VRIT VRE TIE D 201/	2	AT WORK AT WORK	STREET.	house	640	8 Adak Str	eet. Cap	ital Hat	S. Pr		Md.
	RW/RW/STA STA STA						IV)					7-1-0-1
	A A S S E H A		22a. I certify that I took			P-mon	T V			in my apinio	on.	
-	AMI STIFF SEC STIFF STL STL		death resulted fram.	Natural zouses	Accident ,	Suicide		. Undetermined i	nanner			
	X S S S S S S S S S S S S S S S S S S S		ACTUAL	hu -			Accietan	+		DATE	1/29/	/85
	SHE SHE		SIGNATURE			/	Assistan	MEDICALEXA	MINER	SIGNED_	1/2/	0.5
	MEDIC CUTE SE 4 S FUNE FUNE FINO		EXAMINER'S NAME	regory R.	Vauffman	MD	111	Donn St				
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST 8ALTIMORE, MARYLAND, 2	93. 0					ADDRESS 111	Penn St.				
		730.B	URIAL, CREMATION, REMOV	2 / 2 / 0 F				Lando	Wor.	VINUO	ST	TATE
07/84 25M	BP		Burial UNERAL DIRECTOR	2/2/85	Harr		emetery	REC'D. BY REGISTE		Md.	NATURE	
	DHMH - 17	24 (	NAME	ADD	DRESS	20002	144		13		Mandell	5
	(VR A15 ME (5))		Dudley's	F/H 1425	Marylar	nd Ave	NE. JAN	OT BOD	4747	widow-	Marian	





20	FOR 1 - STATE REGISTRAR	15
(1)	1 DECEASED NAME FIRST	MIDDLE
8 CE	(TYPE OR PRINT) CHARITE	7.7

Male

4 RACE

Caucasian

1 - 24 - 85

Loudoun Funeral Chapel Leesburg, Va. 22075

Cremation

24 FUNERAL DIRECTOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

July 6.

1925

L HYG	IENE BEG. NO.	3 6 5	4 0
	20. DATE OF DEATH MONTH	22 8 S	12:45 R
R	6. AGE (IN YEARS LAST BIRTHDAY)  59 YRS	MONTHS DAYS	
XX D	PRINCE E	EOR	GE SMD.
-	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Carpenter	INDUSTR'	truction
X EN NAA	13e.STREET ADDRESS / ZIP CO 3917 S. 14th.	Street	22204
EIN IN AV	Nora ADDRESS	Malp	asso
Ма	lpass (same as		
my	arrest	BETWEE	XIMATE INTERVAL N ONSET AND DEATH

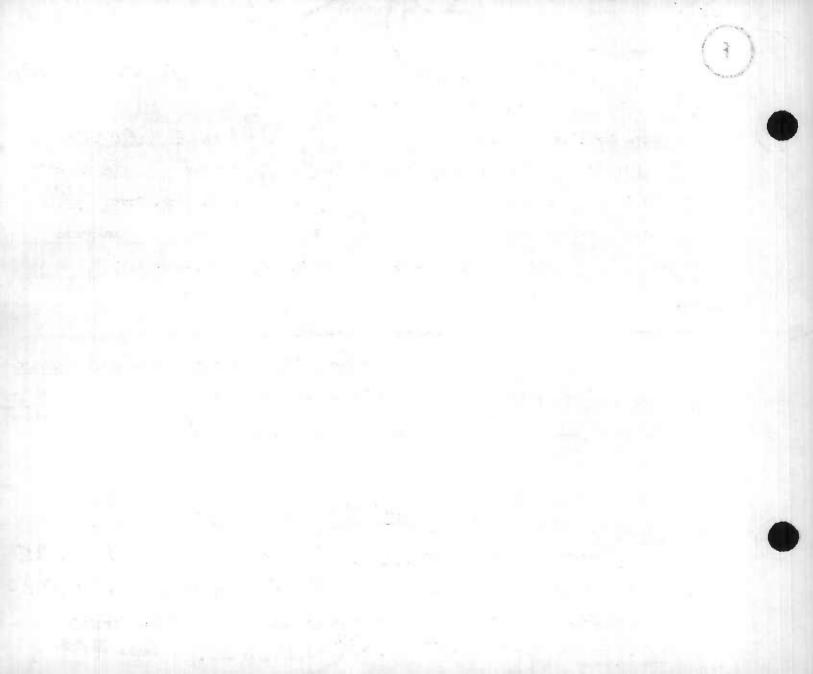
Alexandria, Virginia

TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIE North Carolina U.S.A. WIDOWED USUAL RESIDENCE (IF NURSING FROME OR OTHER INSTITUTION COME RESIDENCE METORS ADMISSION. 131 COUNTY 13a STATE 13c CITY OF TOWN 13d ENSIDE CITY LIM Arlington Virginia YES 🗍 NO X 14 FATHER'S NAME 15. MOTHER'S MAID! Augustus Fred Malpass Allie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST yes WWII 240-30-0822 Henry F 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 210, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on. obove, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED TTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

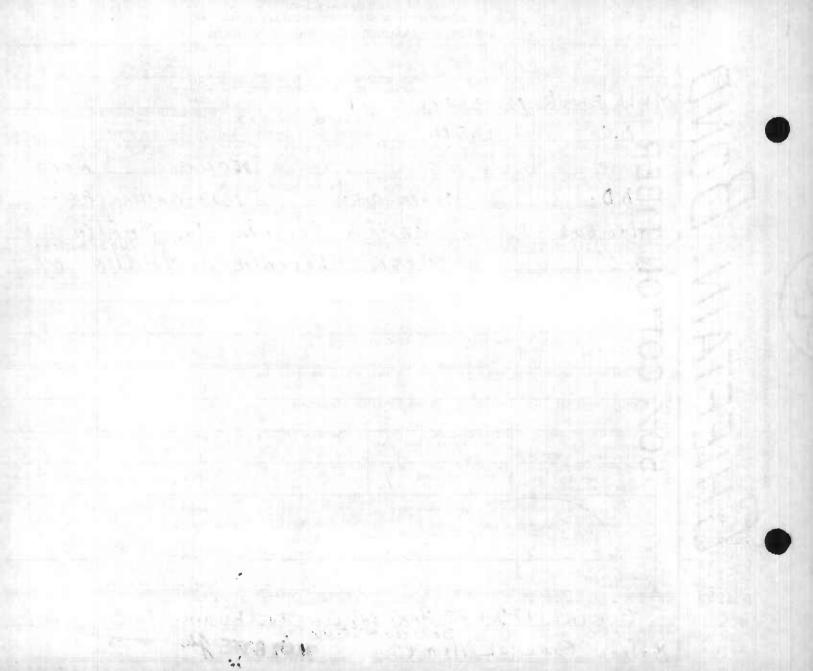
Metropolitan Crematory

P.O. Box 1316

DHMH - 16 50M 4/83 (VRA 15, 4)



		1	500	STATE OF MARYLAND	7 4	
1		1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3	,	•
,		3 05	REGISTRAR CEASED NAME FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.		
			E OR PRINT)	OF ESTI. X	DAY YEAR 26	b. HOUR
	OR. URS. URS.		Columbus	Martin DEATH MATED ☐ 1	14 1985	M
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	ERA ERA	70. B	RTHPLACE (STATE OR THE TREE OR	EN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	OF DEATH	
	TIS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. LED, WITHIN 72 HOURS OIL W. PRESTON STREET,		D.C.	U.S.A, WIDOWED DIVORCED Prince George's	County,	MD.
	AL SEE STATE	10. C		NE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120 USUAL OCCUPATION (TYPE OF WORK 1) FOR MOST OF WORKING LIFE)	OR INDUSTRY	NESS
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20	IF ANY DELAY IS N. 2. AND 3 TO THE FU. 3. S. REALIN PAGE 5. S. SCHOULD BE FILED. ALL RECORDS, 201 W.	130. S	L RESIDENCE (IF IN NURSING TOME OR OTHER INS	13c. CITY OR TOWN 13d INSIDE (ITY LIMITS? 13e STREET ADDRESS - 26	2743	
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TIMO	FER DE FORM ON SAN DE S	16a \ {Y	VAS DECEASED EVER IN U.S. ARMED FORCES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATE	CES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1603	- Eastern	J
BALTIMORE.	URS AFTER 8. GIVE PA WITH FOR T. PAGES I DIVISION		NO	NONE LOVINIA J. MARTII	V BVE	-
2	M 18. G WI WIL WAG WILL WE, DIV		IB CAUSE OF DEATH (Enter only one cau PART I DEATH WAS CAUSED BY:	use per line for (a), (b), and (c).)	APPROXIMATE INT	TERVAL ND DEATH
PRESTON ST	ERA FERA AL			(o) Meningococcemia		
EST	NIN SIT WON			JE TO, OR AS A CONSEQUENCE OF		
	NER SAN			(b)		
× ×	AEN AMILE		lying couse last.	JE TO, OR AS A CONSEQUENCE OF	11.20	
5, 201	SE EX SE	8		(c)		
ON CO	A BUS	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)		
RECORDS	HOULD BE EXECUTED WITHIN 24 HOUR RD "FENDING" IN PENCIL IN ITEM 18. CHIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEATTH AND MENTAL HYGIENE, D JRIAL, CREMATION, OR REMOVAL.	CERTIFICATION				
Y Y	SHOULD ORD "PE CHIEF A E USED A T OF HEA URIAL, O	N N	190. DATE OF OPERATION	6 CONDITION FOR WHICH OPERATION WAS PERFORMED?	2B AUTOPSY?	
VITAL	T BEELE	E	210. EXTERNAL CAUSE WAS 211	Cities	43	10 🗌
0	A HE WELL	S.	UNDERLYING OR	B. TIME OF INJURY OUR A.M. MONTH DAY YEAR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART	2)	
o do	A P P P P P P P P P P P P P P P P P P P	MEDICAL	CONTRIBUTING CAUSE OF DEATH	P.M. 19		
DIVISION OF	CERT SITING SDED FE 3 SP FE DEP	MEC		e PLACE OF INJURY (ATHOME, 211 LOCATION STREET CITY OR TOWN COUN	TY	STATE
_	THIS WARI PAGE 2120		AT WORK AT WORK	A A	THE PHOTO	
	ND, ND,		22a. I certify that I took charge of the re	main of the day the later Autopsy XI. Inspection . Inquiry . ond in my apin	ion	
	MIN		death resulted from Nightral courses	X / Account , / vicide , Homicide , Undetermined manner ,		
	AAR SERVE	100	ACTUAL Y	TITLE (SPECIFY)		
	A HE SEE TO THE SEE TO		SIGNATURE WILLIAM	M.D. Acting Chiefolcal Examiner DATE SIGNED.	1/15/85	,
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH		EXAMINER'S NAME Thomas D	. Smith, M.D. ADDRESS 111 Penn St. Balto., MD.		
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE. WRITING THE WORD."PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNEAL DISTRIBUTION OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	22.0		ADDRESS		
		/30.B	JRIAL, CREMATION, REMOVAL 236 DATE	234. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY	STATE	
07/84 25M	BP	24 F	JNERAL DIRECTOR	tan 85 HARMONY CEMETER LANDOVER P.G.C.	MD	
	DHMH - 17 (VR A15 ME (5))	N	NAME O	ADDRESS 382/-14 4051-NW 250. DATE REC'D. BY REGISTRAR 250	California	
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YEAS CTOR FILES IOUR TREET	3. SE)		4 RACE	5. DATE OF BIRTH	6 AGE INYE	ARS IF UN	DER I YR. IF UNI	DER 24 HRS 2c. D	ATE	MONTH	DAY YEAR	A. M
IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. SE 5 FOR YOUR FILES. LED, WITHIN 72 HOURS OI W. PRESTON STREET,	Fe	male	White	Apr. 1	1890 94 Y	RS. MONTH	DAYS HOURS		DUNCED	1/1	5 19 85	A. M
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-/	(Y	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	577-26-84			. McLean			13e.	ine dis
		Condition gave ris	IMMEDIA  is, if any, which to immediate stoting the under-	TE CAUSE (o) AC  DUE TO, OR (b)	for (o), (b), and (c).)  ute myocar(  AS A CONSEQUENCE	OF	disease.				APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
	z	PART 2 OTHER SIG	SNIFICANT CONDITIONS		UT NOT RELATED TO THE TERA	AINAL OISEASE	OR CONDITION GIVEN I	N PART 1 (a).				
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100	23a. Bl	220 1 certif death resulte ACTUAL SIGNATURE EXAMINER'S I (TYPE OR IR)	y that I took chorg d fram: Natur	R P (	Accident Su		Homicide  TITLE (SPECIFY  D. Deputy  1919  ADDRESS Silv	Undetermined	AMINER Road	DATE SIGNE	□ 1/15/	'85
	24 51	Cr INERAL DIREC		Jan.16,198	5 Ft.Line	oln C	rematory	232 - 22		P	G. M	d.
	F.			H. P.A. H	yattsville	, Mar	yland JA	N°1°6° 198	5 RAR 1256. REG	ASTRARES S	CA CHARLES	

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	18 mg m	3 SEX		S DATE OF BIRTH		UNDER 1 YR. IF UNDER		MONTH DAY YEAR 24 HOUR
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MD.	4. IF	14. FA	THER'S NAME	WIDOLE	LAST	15. MOTHER'S MAIDE		LAST
	S 81 - 46 (2) VI		Paul	Frederic		Mary		Smoot
BALTIMORE,		16a V		ARMED FORCES? GIVE WAR OR DATES)	16h SOCIAL SECURITY NO.	17. INFORMANT	3507 Chado F	Road
BALI	JRS AFTER 3. GIVE PA WITH FOR I. PAGES I DIVISION		No		213-82-1684	Mary Masc	on Clinton, Mar	ryland 20735
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201	EXAPID WILL		lying cause last.	(c)				
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ONO	CERTIFICATE TITING THE W DED TO THE E 3 SHOULD I DEPARTMEN I PRIOR TO		UNDERLYING OR CONTRIBUTING CAUSE	12577	A. 13-30 1987	Ariver/ea	1-flxedop	ject impact
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۵	E, WRIT SWARDE SWARDE B PAGE 3 STATE D	-	WHILE NOT WHILE AT WORK	30	uet H	s catawayt	d. Jarokeck,	for teorges, ned
	NER: CATE, FORV FORV TOR: F AND, AND,	2	22a. I certify that I took ch	arge of the remains de	scribed abave, held on Au	topsy Inspection	Inquiry , o	and in my opinion
	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: I, WITH THE S		death resulted fram: N	atural causes	Accident Suicide	, Homicide	Undetermined manner	
	MAK WAS		ACTUAL PRICE	of AX	eigus/	Deputy)	MEDICAL EVALUATED	DATE 1-18-85
	SET		SIGNATURE	1	110	_M.U.	MEDICAL EXAMINER	
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, M		(TYPE OR PRINT)	sto P. Rod	Maguez, M.D.	ADDRESS_5009		emple Hills, Md.
	5775748	23a B	URIAL, CREMATION, REMOVA		23c. NAME OF CEMETER		23d. LOCATION CITY OR TOWN	COUNTY STATE
	BP	24 5	Burial UNERAL DIRECTOR	1-22-85	Resurrection	on Cem.	Clinton	P.G. Md.
	DHMH - 17 (VR A15 ME (5))		hornton Funera	ADDRES	Pomonkey, Md.	JAN	2 4 1905 Julia	Davidson-Randon
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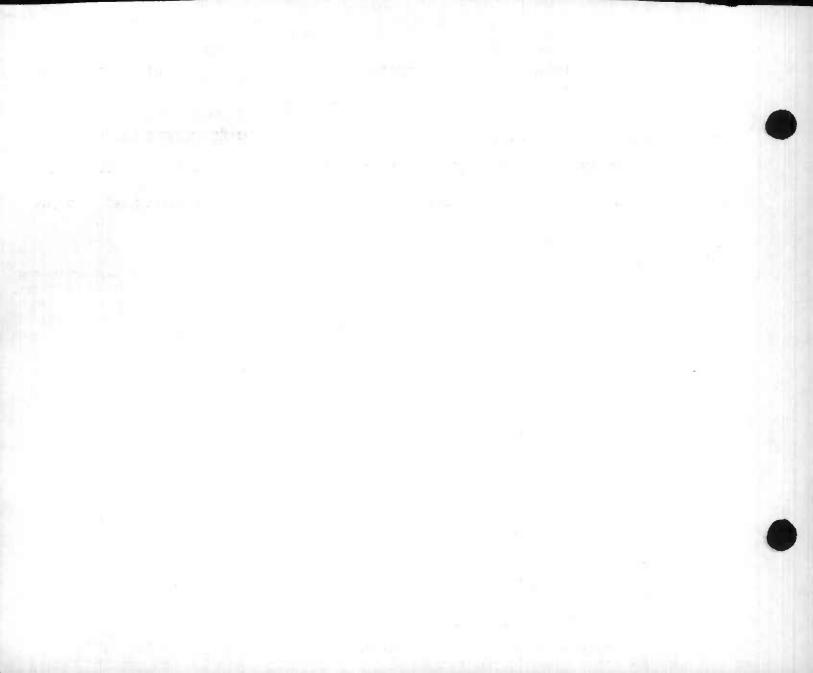
STATE OF MARYLAND

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1- STATE OFFICIENCE OF	146						
T. DECEASED NAME  [TYPE OF PRINT]  OF ESTI-	DAY YEAR 2b. HOUR						
3 SEX ARCE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH Sept. 27, 1966 188 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD 1-24	7 1985 2d HOW						
Hawaii USA MARRIED NEVER MARRIED W Prince Greaty	OF DEATH MD.						
Cheverly Prince Georges Caneral Hospital Student-Junior	AN NOT IN SUCH FACTIVE, GIVE STREET ADDRESS! CAN EXAL HOS PINAL STUDENT-Junior College						
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  Maryland  137. COUNTY  Waldorf  Waldorf  134. INSIDE (ITY LIMITS?  YES \( \sum_{NO} \times \)  3454 East Violet I	Race 0/						
FATHER'S NAME  FIRST Charles  McGee  15. MOTHER'S MAIDEN NAME  FREST TETRY  Li	imehouse						
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Lying cause last.   (c)   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)							
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22e   Certify that   Laak charge of the remains described above, held are Autopsy . Inspection . Inquiry . and in my apir death resulted from Natural Courses	1-24-85						
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NAME TO THE TOTAL PROPERTY OF THE PARTY OF T							
	DEPARTMENT OF HEALTH AND MENTAL HYGIENS  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  DEPARTMENT OF HEALTH AND MENTAL HYGIENS  ADDITION OF SETH CONTROL OF SET CONT						

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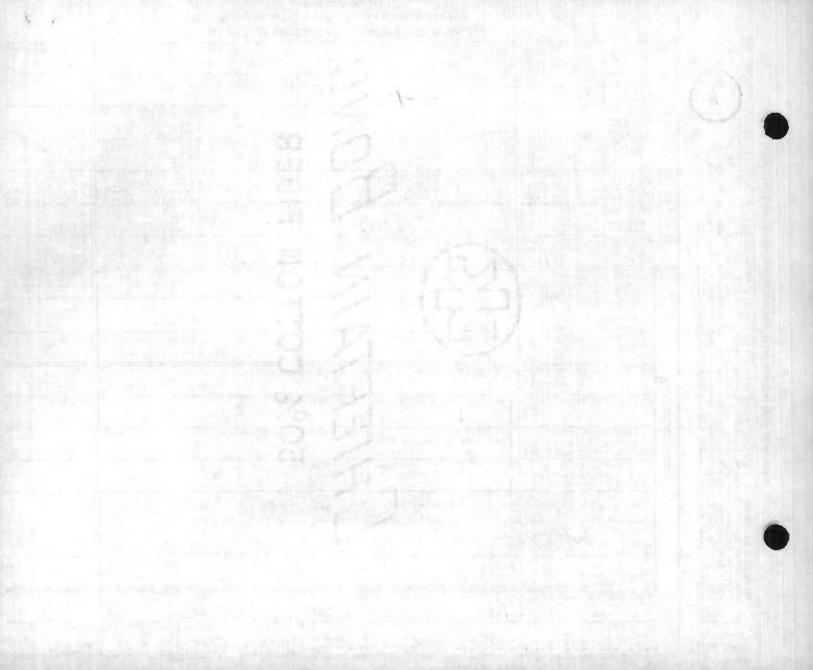
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN -(TYPE OR PRINT) ESTI-DEATH MATED 4. RACE 6. AGE (IN YEARS OF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED emake DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED WIDOWED Maryland 120. USUAL OCCUPATION STYPE OF WORK 12b. KIND OF BUSINESS CITY OF TOWN OF DEATH LL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Student Education Cheverly 130. STREET ADDRESS Waldorf, Md. 20601 SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN Box 400 Piney Church Rd. NO W Marvland Charles Waldorf . FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gardiner McKay Sr Louise Bowling 17. INFORMANT FATHER (YES, NO, OR UNKNOWN) 220-90-2608 Joseph G. McKay, Same as Line 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ultiple AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 190. DATE OF OPERATION 20. AUTOPSY? heres YES NO A ARDED TO THE CHACE 3 SHOULD BE TO ATE DEPAYIMENT OF 210 EXTERNAL CAUSE WAS M MONTH DAY CONTRIBUTING CAUSE OF DEATH PRIOR Te PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET ACTORY FARM, ETC.) WHILE AT WORK AT WORK mey Church frees 220. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Natural causes Accident Homicide Undetermined manner TO FUNERAL DIRECT AFTER DEATH, WITH MEDICAL EXAMINER (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 116 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial St. Peter's Cemetery Waldorf Charles BP. 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Huntt Funeral Home, Waldorf, Maryland 15M 7/77

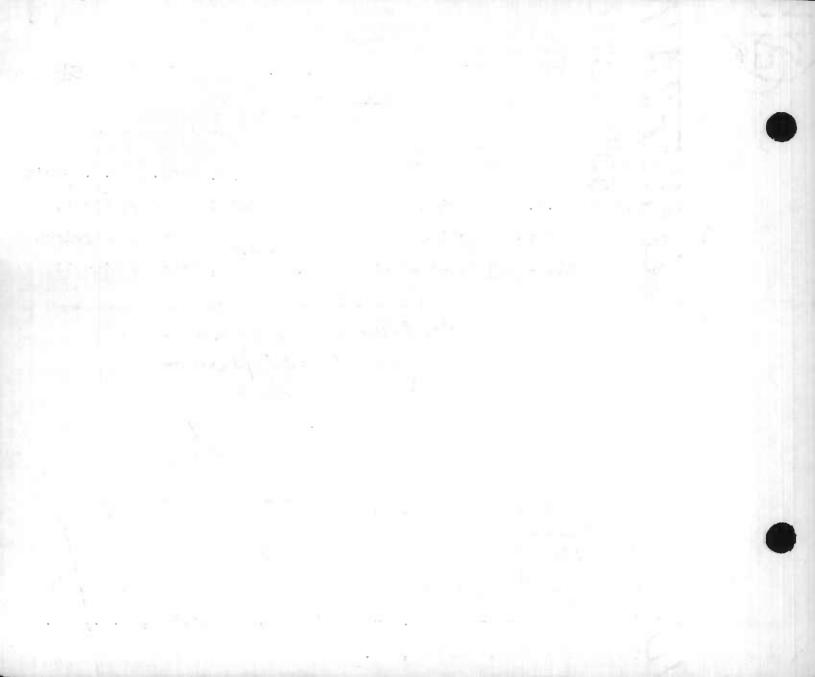
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1	FATH	ER'S NAME		WIDDLE		1467	- 13	15. MOTHER'S MAIL	DEN NAME	WIDDLE		LAST	
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2	S CC	ONTRIBUTING	CAUSE OF	DEATH	P.M.	19					100		
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		PE OR PRINT)			Kau	ffman, M		ADDRESS		n St.			
1	(SPEC	BURIAL		1/25/85		HARMON'		RIAL PARK	23d. LOCAT	WN	COUN		STATE
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1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	J 1
	ECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26	HOUR
	DAV]	D LEE	MCNIECE, SR	1 23 85	15 F
3. S		4. RACE	S. DATE OF BIRTH	MONING DAYS MC	UNDER 24 HE
	lale	Caucasian		5 3 YRS.	
	BIRTHPLACE (STATE OR FOREIGN ) regon	76. CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGES COUNTY	
/	CLINTON MD		LAND HOSPITAL	128 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)  COMM. Tech. U.S.	
C 130	STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORM  JNTY 131. CITY OR TOY  G. Frien	WN 134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 20741 10301 Old Fort Place	+
14.	FATHER'S NAME	MIDDLE LAST	IS. MOTHER'S MAIDEN N		
2(P)		hew McNiec		Charlotte Harri	ison
1	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT (Sp	ouse) ADDRESS	
	es 195	0-1954 540-34	-8341 Mary E. M	cNiece, Same as Line	13
TION			JENCE OF LILE AT TO THE TER	Haller MINAL DISEASE OR CONDITION GIVEN IN PART 110	
CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED		USED DEATH?
tory in	OR CONTRIBUTING CAUSE OF	BEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC ) 2H LOCATION STREET	CITY OR TOWN COUNTY	STATE
	saw the deceased alive	pital) attended the deceased frame an 19	, and that in (my) (aur) apinion	death accurred on the date and haur and fram the cau-	
	226 SIGNATURE [Q	leglicer		MEDICAL STAFF  DIRECTOR   PHYSICIAN     - 2 3	3 -83
	22d. PHYSICIAN'S NAME (TYP)  M, TAL	EGHANI M		BRANCH Ave. Temple	4,2
	BURIAL, CREMATION, REMOVE		name of CEMETERY OR CREMATORY d. Veteran's Cen	CITY OF LOWN	Id STATE
24	FUNERAL DIRECTOR		25a. D.	TE REC'D. BY REGISTRAR 256 REGISTRAR SMETATURE	
13 F	Huntt Funeral	Home, Waldor	f, Md.	AN A O 1900	

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 2n. DATE OF DEATH I DECEASED NAME EIRST 7h HOUR ITYPE OR PRINT) PAUL MELUCAS JAN 1985 1023 Am J. 10 4. RACE 5 DATE OF BIRTH 6. AGE LIN YEARS LAST DIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1. SEX MONTH Male Caucasian August 5, 1920 7h CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH A BIRTHPLACE ISTATE OF FOREIGN MARRIED X NEVER MARRIED Ohio U.S.A. DIVORCED | Prince George's County WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h, KIND OF BUSINESS OR O CITY OR TOWN OF DEATH Andrews Air Force Base Malcolm Grow U.S.A.F. Hospital Command Pilot (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U.S. Military USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE DEFORE ADMISSION) Service 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Prince George's Camp Springs 4900 Braymer Avenue (20746) Marvland YES IX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Joseph Paul Melucas Veronica Modrzynski In WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO 05/20/42 273-16-5139 Marie E. Melucas - Same As #13 A-E Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) RENAL FAILURE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF MALIGNANT MELANOMA Malianant Melanoma Conditions, if ony, which gove rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES M NO YES X NO [ 710 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed olive on above, (1) (we) (did) (did not) view the bady after death 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS Malcolm Grow U.S.A.F. Hospital 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY January 15, 1985 Arlington National Cemetery Arlington, Virginia Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Lee Funeral Home, Inc.

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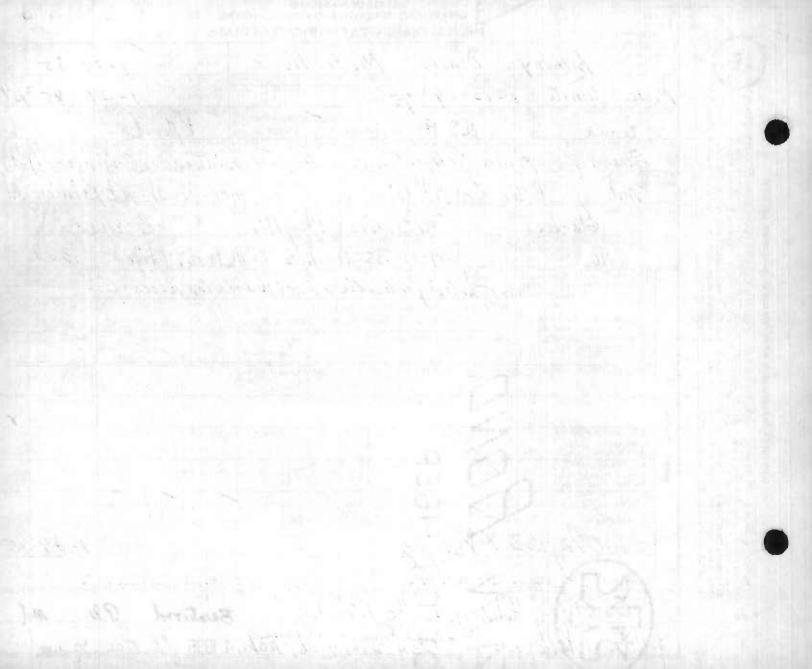
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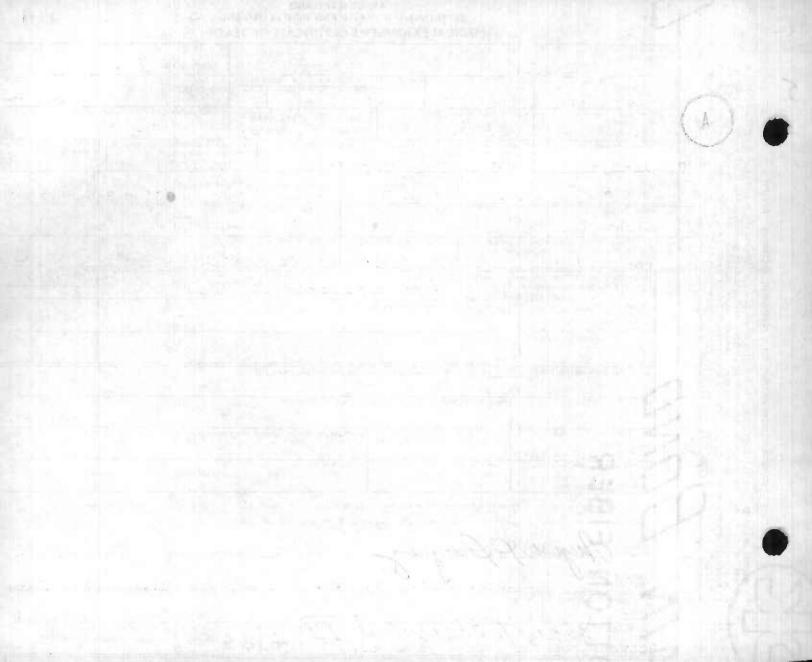
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Old Alexander Ferry Road, Clinton, Maryland (VRA 15,6633



	1		STATE OF MARYLAND	157
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: 503-0		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one cause per lipe far (a), (b), and (c).)	RETWEEN ONSET AND DEATH
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AAN		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
AL RECORDS, 2011  VID BE EXECUTED  O'FENDING'' IN PR  FE MEDICAL EXA  SED AS A BURIAL-  FHEAITH AND ME  ALL CREMATION,	Z		가게 생각하면 그리면 그 모든 내가 있습니다면 없니 수가 보고 있다.	
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EXAMINER: CERTIFICATE ULD BE FOR I. DIRECTOR: I. WITH THE S		The state of the s		nion
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A A SECTION		ACTUAL THERE	TITLE (SPECIFY)	170 Cz
A H P V F W		SKINATURE / / JELY	M.D. Deputy MEDICAL EXAMINER SIGNER	1-07-85
SE SE SE		//	/ // 0	
MEDA CUTE TWO E	1	(TYPE OR PRINT) Augusto	P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct., Temple Hills,	Md.
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORT TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	270 0	URIAL, CHEMATION, REMOVAL 123	THE PROPERTY OF THE PROPERTY O	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0	~	U

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ı		EASED NAME FIRST	,	MIDDLE 1	l.	AST	20. DATE OF DEATH	MONTH DA	YEAR	26. HOUR
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Į		MALE	WHI	TE	MONTH	111 17 1899	85	YRS.		
4	7a BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	Karaman D	9 BALTIMORE CITY		OF DEATH	
		Virginia	U.S	.A.	WIDOWE	DE DIVORCED	Princ	ce Geo:	rge's	Co. MI
	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	170 USUAL OCCUPA			F BUSINESS OR
	- ed	Laurel	Greate	er Laure	1 Be	ltsville Ho	sp Laund.	ryman	Pain	
1	13a. S	TATE 15 NURSING HOME O	R OTHER INSTITUTION. NTY	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	2	0763
1	Ma		ward	Savage		YES NO 🛣	8421 Sa	vage G	uilfo	rd Rd.
ı	14 FA	THER'S NAME	WIDDLE	1457		15 MOTHER'S MAIDEN NA				
1		Richard	MIDDLE	Mills		Mary	WIDDLE		Harrî	ngton
1	16a, W	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS		
4	(Y	NO . [IF YES, GT	VE WAR OR DATES)	217-01-	8406	Jeanette H	. Mills	same	as #1	3
١		18. CAUSE OF DEATH (Enter or	-1	line for tox (h) on	d (a. )	Arrana Inc.			APPROX	IMATE INTERVAL ONSET AND DEATH
١		PART I. DEATH WAS CAUSE	ED BY	114011	2. 40	spirato	en telle	lure	BETWIEN	ONSET AND DEATH
ı		IMMEDIA	TE CAUSE (0)	or color		1	10	,	_	
ı			DUE TO, O	RAS A CONSEQUE	a 10	a bloomy	MIN	140	14.11	seek.
ı		Conditions, if any, which gave rise to immediate	(b)	Courses	rua	e predict	Accept	000	1	,
ı		cause (a), stating the underlying cause last.	DUE TO, O	RAS A CONSEQUE	NCE QF	Pa no	1011/	111.0	5 M	2016
ı		underlying coose lost.	(c)	unou	AC.	rence	Juine	vec.	10	- C4.
١	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	111	MAI DISEASE OR CO	NOUTION GIVE	N IN PART 10	0.
	ō.	Hyperle	moure	Heart	and	penfluer	e weller	Wer V	KRECK	Le.
	SERTIFICATION	190 DATE OF APPERATION	196 COND	ITION FOR WHICH	OPERATIO	WAS DERFORMED	20e AUTOPSY?		WERE FINDIN	
4	E		acce	-wew.	, ,	-cong	YES NO	4 YES		NO D
		218. ACCIDENT WAS UNDERLYING CAUSE OF DE	LIGHT A	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	IT I OR PART 2)	
-	CAI	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19					
ı	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY	ARAM ETC \	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK	(Arthome, str	ALLEN PACIONI OFFICE I	ARM CICI	, , ,		, ,		
ı		22a I certify that (I) (this hosp	ital) attended th	e deceased from_	1:	19/ 19.89	to	8 / 11	985	that (1) (we) las
		saw the deceased alive or above, (I) (we) (did) (did no	47	Attin death 19.8	25 ar	nd that in (my) (our) opinion	death occurred of the	date and hour	and from the	couses stated
		22b. SIGNATURE	Aland	On		DEGREE			22c DATE	SIGNED
		Dudul	verge	COV	M	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	1/8	3/85
-		224. PHYSICIAN'S NAME (TYPE	OR PRIME			220 ADDRESS 2457	5 FORT	MEA	DE I	TOAD
		ABDIN ,	NAXE	BM A	110	3730	J. PORT	No.	A 2	OFER,
1		10000	V/1/ 4	-11	-	LAL	IKEL	10/6	D. CC	11/1/

134 NAME OF CEMETERY OF CREMATORY FORT LINCOIN CEM.

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detoche with the Stote Dep MPORTANT. H M

<sup>24</sup> FUNERAL HOME, INC. ADDRESS 7601 Sandy Spring Rd. Laurel, Md

1/10/85

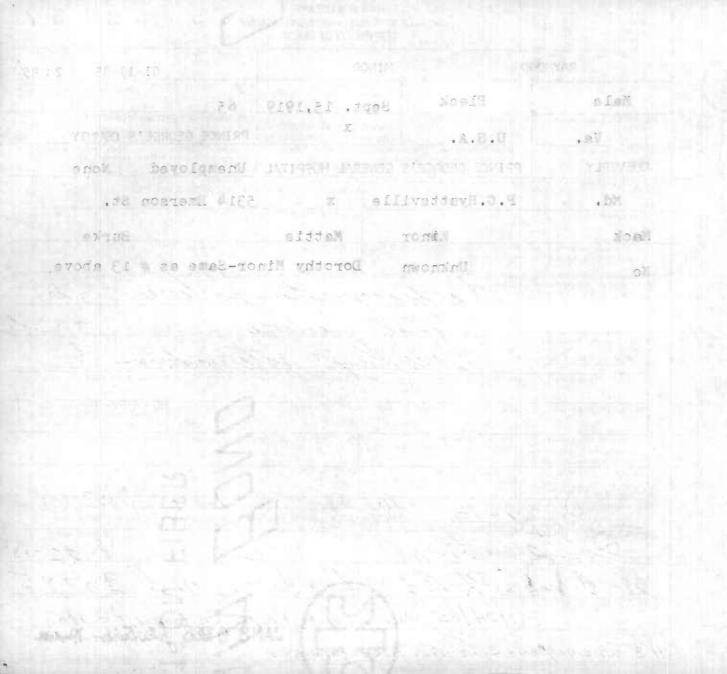
230 BURIAL, CREMATION, REMOVAL ISPECIFY) Burial

750. DATE REC'D. BY REGISTRAR 75% REGISTRAR'S SIGNATURE JAN 10

Brentwood, Pro. Co. Md.



THE PERSON NAMED IN COLUMN TWO



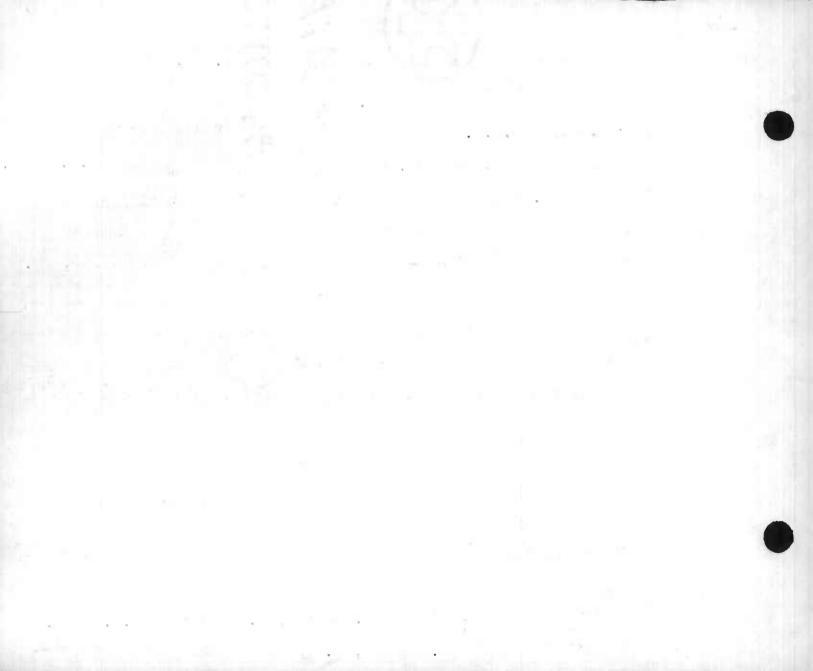
	( F	)	FOR STATE F#	8-22a 3 601	/5/85 mb	EPARTI	MENT OF HE	ALTH	AND ME	NTAL H	YGIEN E DE	E 5	0	2	15	8
			CEASED NAME PE OR PRINT)	FIRST	c Uri	MIDDLE			AST	AIL O		20 DATE KNO	STI-		DAY YEAR	2b. HOUR
	EASE TOR SURS SEET	3. SE	x I	Domini	S. DATE OF BIRTH	ET	M. AGE (IN YEARS	itch		IF UNDER	24 HPS	20 DATE		1-23	1985 DAY YEAR	M HOUR
2	DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. D BE FILED, WITHIN 72 HOURS RDS, 201 W. PRESTON STREET,	Ma		Black	10 14	YEAR 84	LAST BIRTHDAY) YRS.	MONTHS		HOURS	MIN	PRONOUNCE	D	1-23	1985	8:30 a. M
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	SAN		ryland		U.S.A.		V	VIDOWE	_	DIVORC	-	Prince	Geor	ge's	County	, MD.
	HE FILED.	1 10 C	ITY OR TOWN	OF DEATH	11. NAME OF HOSE	ITAL, NUI	RSING HOME, C	R OTHE	R INSTITUT	ION	12a USU	JAL OCCUPAT	ION (TYPE OF	WORK 12b	OR INDUST	
	PA PA PA		Cheverl	4	Prince G	eorge	e's Gene		Hospi	tal	Non				None	
21201	ANY AND AND HOUL		STATE	113b COUN	or other institution, GIV TY Ce Georges	113c CITY	ORTOWN		I 3d INSIDE CIT	Y LIMITS?	13e STR	eet address 1-75th	Aven	ле #4	2078	85
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BALTIMORE	ASIASI	N	YES, NO, OR UNKNO		WAR OR DATES)	None		10.			e Mi	tchell	3141- Lando	-75th	Ave/	#L 0785
	DURS 18. G NIT. P.		18 CAUSE OF		ly ane couse per line			ron	chop	neum	onia	a			APPROXIMATI	
NO	24 H LONG PERA VAL			IMMEDIA'	TE CAUSE (o) Su		Infant ISEQUENCE OF	Deat	h-Syn	drom	e					
REST	HIN SIT NO.	EWO	Condition	s, if any, which	DUE TO, OR	AS A CON	ISEQUENCE OF									
× ×	WINE WINE TRAI OR R	100		e to immediate stating the <u>under-</u>	(b)	AS A CON	ISEQUENCE OF									
201	UTED IN P		lying caus	se lost.	(c)									12		
ZDS,	AATIO AATIO		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TERMINA	L OISEASE (	OR CONDITION	GIVEN IN PAI	RT 1 (a).					
RECORDS	ANEDIA ARTICLE	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?													
AL R	SHOULD CHIEF M E USED A T OF HEA URIAL, C	ICA.	19a. DATE OF	OPERATION	19b. CONDIT	ON FOR	WHICH OPERAT	ION WA	S PERFORA	AED?					20 AUTOPSY	
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NON	STAFE OF THE STAFE		UNDERLYING	OR IG CAUSE OF I	HOUR A.M.		DAY YEAR			OCCORNE						
DIVISION	ERTIF ING ING S SHO PRIO PRIO	MEDICAL	21d INJURY O	CCURRED	21e PLACE C		(AT HOME,	21f LOC	ATION		30					
No.	WRIT WRIT ARD AGE ATE [	2	AT WORK	NOT WHILE C	] SIREEI, FACIO	JRT, FARM, E	(C.)	211	KEEI			CITY OR TOWN		COUNT		STATE
	ATE, TI ORW R: P.		22a. I certif	y that I took charg	e of the remains desc	ribed abo	ve, held on	Autapsy	XX.	Inspection	n .	Inquiry	] and i	in my apinio	an	
	MINI PERSONAL PERSONA		death results	d Your Natur	al causes XX	Africant	Swee	Į.	Homici	de .	Undet	ermined manne	er .			
	MAR. WAR		ACTUAL	1000.	1 (2)	h.	y no		TITLE (SP	ECIFY)				DATE	1 24 (	) F
	SHALL SATH SERAL SERAL		SIGNATURE	cour	work	me	11011	1/M.E	Assis	cant	MED	ICAL EXAMINE	ER	SIGNED_	1-24-8	55
	TO MEDIA PAGE 4 SAGE 4 SALTIMO	/_	EXAMINER'S I	IT) DCIII	is F. Smy				DDRESS			St., B	Balto.	, Md.	2120	)1
		23a.6	SPECIFY)	ION, REMOVAL 2		-	NAME OF CEME				CITY	OCATION	n2	COUNTY	SI	ATE
07/84 25M	BP	24.1	Bur UNERAL DIREC		1/28/85		rmony Me		lat Pa	ark So DATES	Lan	dover l	Sh. REGIST	RAR'S SAGA	rge's l	MD
	DHMH - 17 (VR A15 ME (5))		NAME	MOLL	INS FUNER	AL HO	ME, INC.		J	AN3	O	IDD gu	lia Davi	low-A	inglighte.	à.
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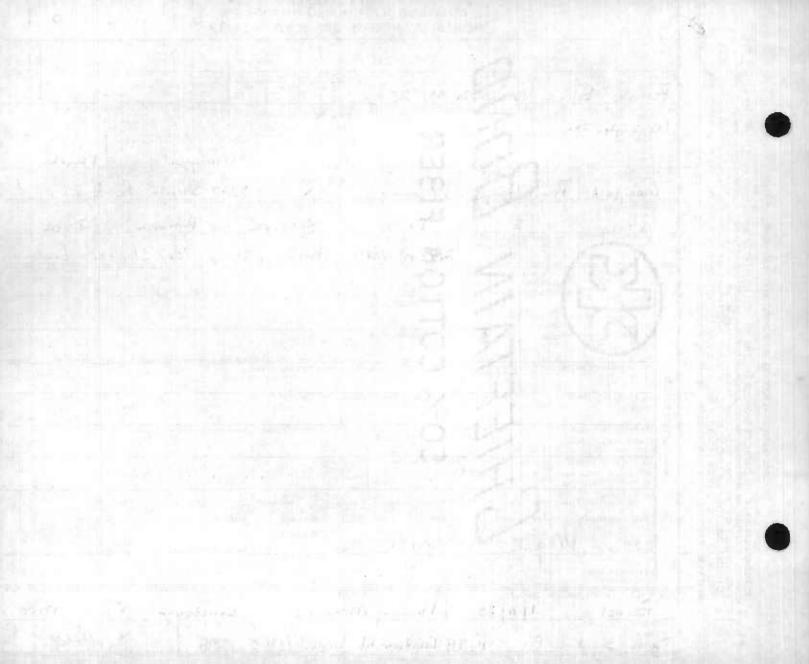
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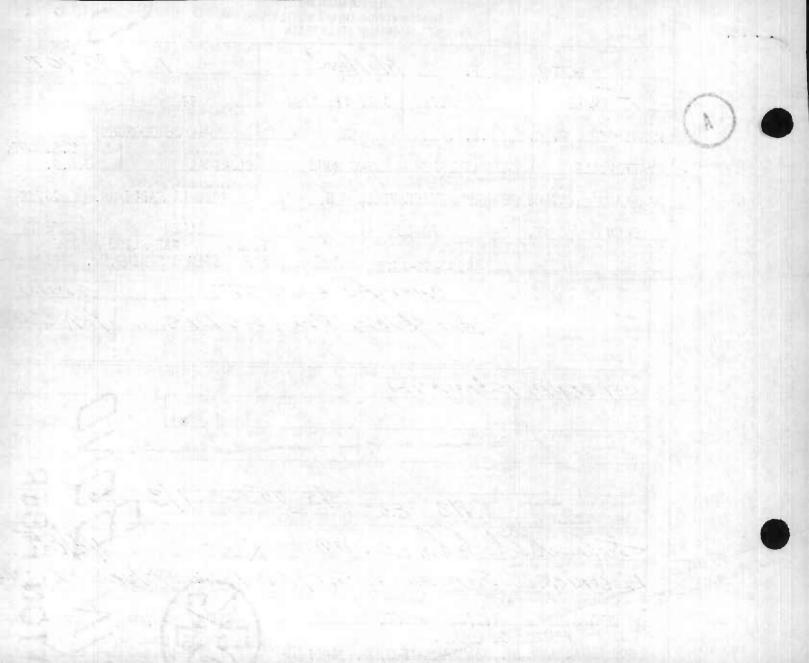
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4		REGISTRAR	ME	DICAL EXAMIN	NER'S	CERTIFICATE OF	DEATH REG. N	40.
May We		CEASED NAME FIRST		MIDDLE	w /	1st tehe	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 2h HOUR
STEEL	3 SEX	A RACE	5 DATE OF BIRTH	YEAR LAST BIRTHI	MONT (YAC	NDER I YR. IF UNDER 24 HS DAYS HOURS M		MONTH DAY YEAR 26 HOUR
89920	70 BI	RTHPLACE (STATE OR	76 CITIZEN OF W	HAT COUNTRY?	rs.			OR COUNTY OF DEATH
AND THE PERSON OF THE PERSON O	FC	MAINE	U.S.	A.	WIDOW	IED NEVER MARRIED VED DIVORCED	- Pvince	ic feorges MD.
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21201 F ANY D RETAIN PECCO	USUA 13a. S	IL RESIDENCE (IF IN NURSING HOME OF TATE 131 COUN		131. CITY OR TOWN	1	13d. INSIDE CITY LIMITS? 13	Se. STREET ADDRESS	n brise Ave
MD. MD.	14. F/	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	LAST
ORE. M DEATH OF AND 2 CAND 2		UNKI	NOWN				UNKNOWN	
BALTIMORE, S AFTER DEA GIVE PAGES TITH FORM P PAGES 1 ANI	16a V	AS DECEASED EVER IN U.S. ARA	WAR OR DATES)	THE SOCIAL SECURI		17. INFORMANT	900 48°CF	Street
ALT SIVE SIVE VISIC	111	5 Wast	TYKOZEAN	007-09-31	176	Ruth Lina	rd Laurel	Maryland
ORDS, 201 W. PRESTON ST., BALTIMORE, MD E EXECUTED WITHIN 24 HOURS AFTER DEATH. I DING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2 DICAL EXAMINER ALONG WITH FORM PM 3 A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 ITH AND MENTAL HYGIENE, DIVISION OF VITH EMATION, OR REMOVAL.		Canditions, if any, which	DBY:  TE CAUSE (a)  DUE TO, O	e far (a), (b) and (c).)  RAS A CONSEQUENCE	te/	hyoer	vdist Di	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ITAL RECORDS, 201 W. I SHOULD BE EXECUTED WI DRD "PENDING" IN PENC CHIEF MEDICAL EXAMIN E USED AS A BURIAL - TRA TOF HEALTH AND MENITE URIAL, CREMATION, OR I	16	gave rise to immediate cause (a) stating the <u>underlying cause last.</u> PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	R AS A CONSEQUENCE				
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PEN ME	¥	190 DATE OF OPERATION	19h COND	ITION FOR WHICH OPE	RATION W	/AS PERFORMED?		20 AUTOPSY?
SHOULD ORD "PE CHIEF A E USED A	FIC	None						YES NO PO
OF V MEN THE WEN TO B TO B	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH P./	A. MONTH DAY YEA	R		ENTER NATURE OF INJURY IN ITEM 1	
DIVISION THIS CERTIFIC WARDED TO WARDED TO WARDED TO TATE DEPARY TATE DEPARY	MED	WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION STREET	CITY OR TOWN	COUNTY STATE
EXAMINEI CERTIFICA ULD BIRECTO I, WITH THI		22a. I certify that I taak charg death resulted fram: Natur ACTUAL SIGNATURE	e of the remains de		Autap uicide		Inquiry , o	DATE TO SIGNATE
MEDICAL ECUTE THE GG 4 SHO FUNERAL TTER DEATH		EXAMINER'S NAME (TYPE OR PRINT)		0		ADDRESS		
Bb EXECTOR	(5	JRIAL, CREMATION, REMOVAL 2 PECIFY) Burial	1/10/8	_	ton (	Cemetery	Arlington,	Virginia STATE
DHMH - 17	24. FI	INERAL DIRECTOR FLECK	FUNERA	L HOME IN	C.	250. DATE REC	- A. C.	SISTRAR'S SIGNATURE Davidson-Handale
(VR A15 ME (5))	7	601 Sandy Sp	ring R	d. Laurel	, Md	. 20707N	1 0 1985 Julia	Accordance Northern

STATE OF MARYLAND

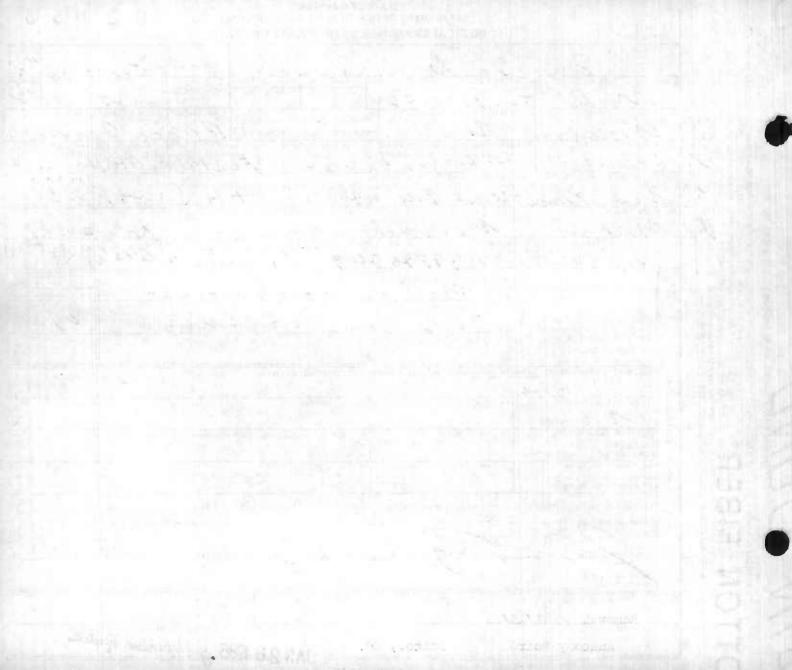


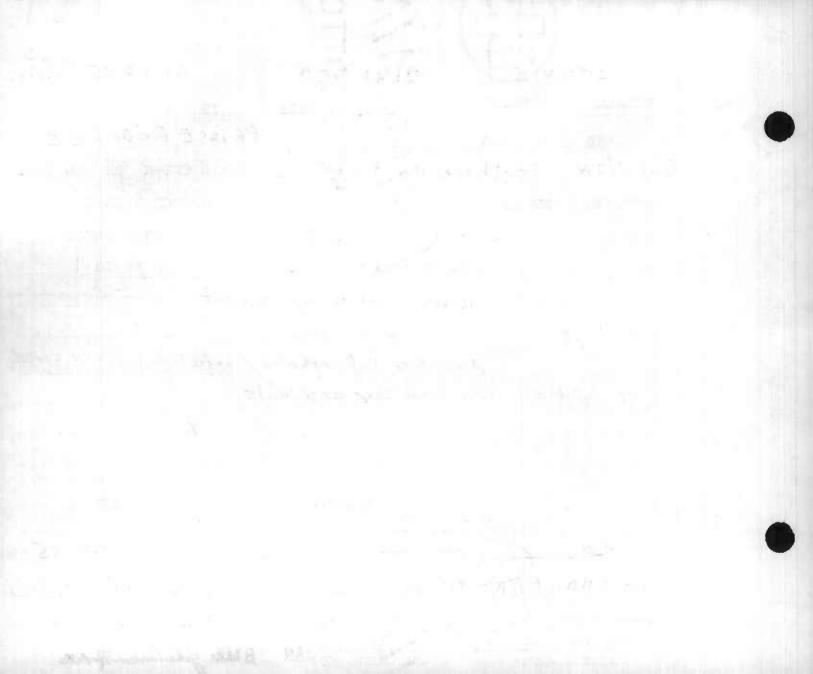


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	,	FOR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE O	0 4 7 0 4	
v 4	1-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	).	
	I DEC	EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR	
2.5		OR PRINT	-	Mullen	18 - 8 - 7	1 385 10P	И
dec	3 SEX	BERTHA	RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS	È
-	3 SE/	-	1//	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.	
6.		EMALE	HITE	JULY 11, 1890	94	R COUNTY OF DEATH	-
2 A. L.		RTHPLACE (STATE OR FOREIGN 7)	b. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED			
71	WA	SHINGTON. D. CL	U.S.A.	WIDOWEDXX DIVORCED		E GEORGES MI	
711	30 CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE</li> </ol>	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	F WORKING LIFE) INDUSTRY U.S. GOV	Γ.
3 30	H	ATTSVILLE	CARROLL MANOR		CLERICAL	G.A.O.	
101	USU	AL RESIDENCE (IF NURSING HOME OF C	THER INSTITUTION, GIVE RESIDENCE BEFORE	RE ADMISSION)	13e.STREET ADDRESS	ZIP CODE	
1 Th		TATE 1136 COUNT		SVILLE YES X NO		SALLE RD. 20782	
2		TRYLAND PRINCE	OLUKUUS IITAII	15. MOTHER'S MAIDEN NA	AME		
2 / 14			FOW I	LER MARY	ELLE!	V HERBERT	
0/0//	14- V	JOHN T. VAS DECEASED EVER IN U.S. ARM				33 SLIGO AVENUE	-
1 00	160 V	(ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	IN I			
4 1/	NO	)	578-52-	1378 GRACE M. SHA	KP SILVER	SPRING, MD. 20910	=
0 to 6/		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), o	nd (c).1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	<del>-</del>
0 0 0		IMMEDIATE	( taken )	RDIAC AKKE	5/	" JULIN	_
die ordina	1	12.00 C. O. W.	DUE TO, OR AS A CONSEOL	JENCE-OF	~ ~ ·	Vine 15 €	
the contract of the contract o		Conditions, if ony, which	( 16) 19127 S	Olcar Kin V	195015	15/1/	
2000		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEOL	IENCE OF			
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		underlying couse last.	(c)	DENCE OF			
Dalla To 1		PART 2 OTHER SIGNIEICANT CO		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110	_
100	z	(15712751713)	15/2 HT-1011	<del>7</del> 7_			
10 1	H	90 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED	
1000	E S				YES TI NOTE	YES NO NO	
104	CERT	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71r HOW IN JURY OCCU	RRED (ENTER NATURE OF INJU		-
至 四人	0	OR CONTRIBUTING CAUSE OF DEAT	LICHE A MA MONTH	DAY YEAR			
011	15	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19			-
6 5 0	WED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC ) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE	
t o d	1.	ORK NOT WHILE		4	,	1, 0,	_
4 0 E	1	22a.1 certify that (I) (this hospit	al) ottended the decessed from		, to	, 1965, that (I) (wetto	st
2012		sow the deceased alive on obove, (I) (we) (did) (did not	view the body ofter death	ond that in (my) (our) opinion	n death occurred on the d	ote and hour and from the causes stated	
1000		22b. SIGNATURE	1.1.11	DEGREE		22c. DATE SIGNED	
030 = 1		- turkbuch	W. Jake	de Montre ATTENDING PHYSICIAN	MEDICAL STA		
31131	1	27d PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e ADDRESS	A DIMECTOR DITTO	4//	
3948	1		11 Small 200	ner Selm	200 Bertelle	Blicker Tree	1
00 = 3	-	FREDERICK C	La Contraction	NAME OF CEMETERY OR CREMATORY	23d LOCATION	100000000000000000000000000000000000000	<u>~</u>
		BURIAL, CREMATION, REMOVAL (SPECIFY)	230.00		CITY OR TOWN	COUNTY STATE	
		BURIAL	1/7/85	GATE OF HEAVEN	ATE REC D. BY REGISTRAN	PRING MONT MO	-
- 16 50M 4/83	24 F	UNERAL DIRECTOR FRANCI	IS J. COLLINSDRESS	736	AN 1 0 1985	the Day wor- Randells	
A 15, 4)			W. SILVER SPR		COGIOTAL		1
	- Charles		-				

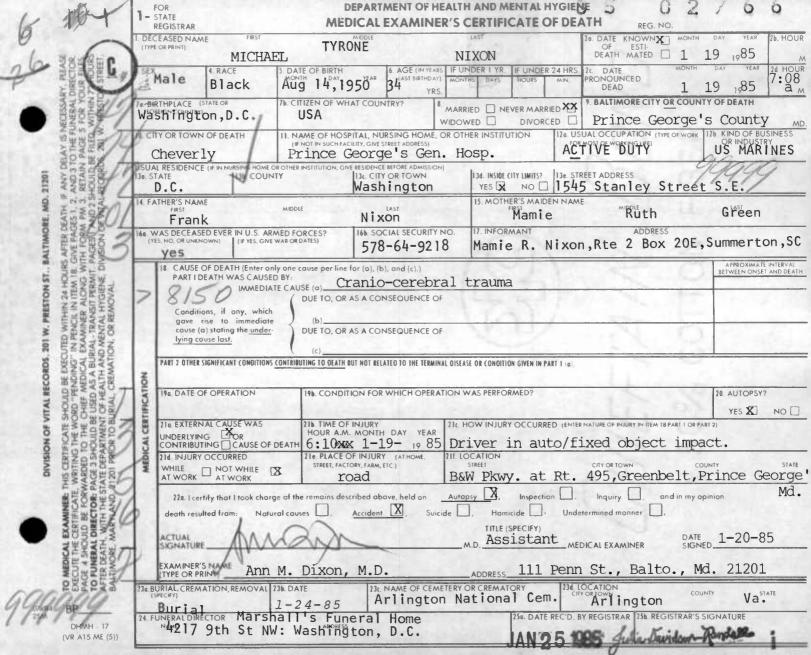


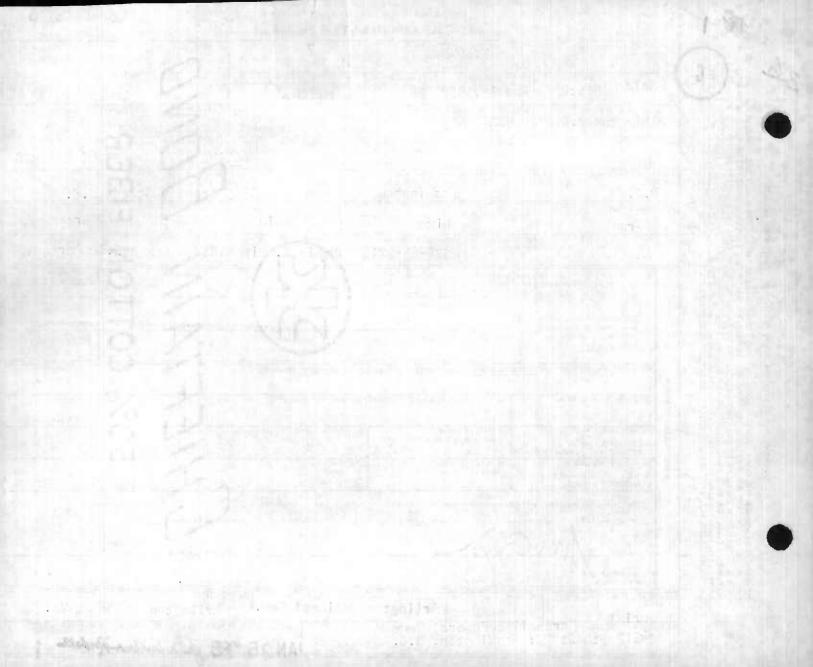
/		STATE OF MARYLAND	1 6 9
0/	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS	00
6.30	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
X		CEASED NAME FIRST Eugene MIDDLE B. Murawski / Pa. DATE KNOWN OF FSTI.	Y YEAR 26. HOUR
₩~\v\X\=	1141	PE OR PRINTI)  OF ESTI- DEATH MATED TO	1000
S NECESSARY, PLEASE E FUNKRAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS I W. PRESTON STREET,	3 SEX	X 14. RACE IS DATE OF BIRTH 16. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 12. DATE MONTH 69	YEAR 2d HOUR
REG P. P. P. ST S. T. S.		MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONCED	2468
TO NOT NOT NOT NOT NOT NOT NOT NOT NOT N	-	20 0 0 2k. / k E/ D 2 ins.	19 3 X M
T CET & SES	/a. B	DIRTHPLACE (STATE OR OREIGN COUNTRY)  10 CITIZEN OF WHAT COUNTRY?  10 MARRIED DENEVER MARRIED   9. BALTIMORE CITY OR COUNTRY OR COUN	PDEATH
ON NO N		Wisconsin UJ, WIDOWED DIVORCED DIVINGE GO	-0 VS 01 MD.
(h - ch-	10. C	TY OR TOWN OF DEATH IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION   TYPE OF WORK 170 FOR MOST OF WORKINGLIFE)	OR INDUSTRY
DELAY IS N TO THE FILED, BE FILED,	1	eveen by AL I WOUNDSUCK FRUITY, GIVENGES ADDRESSY	C. C. Y
O Z Z O Z		AL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	07000
21201 ANNY AND AND PETAL HOULE	13a. S	STATE 136 COUNTY 136 CITY OR TOWN 136 MISTER CITY LIMITS? 136 STREET ADDRESS	0110
S. A. A. A. S.	1	Md Krince or root Green bett 18500 NO THE U GWTh	24
ORE, MD.  R DEATH, IF AGES 1, 2, RM PM 3, I AND 2 SF	14. F	ATHER'S NAME  IS. MOTHER'S MAIDEN NAME  FIRST  MIDDLE  MIDDLE	LAST//
AND PERSON	1/	Withzel Merzwicki Anna Kow	265K1'
S S S S S S S S S S S S S S S S S S S	16a. \	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT, SOCIAL SECURITY NO. 18 INFORMATT, SOCIAL SECURITY NO. 18 INFORM	erbettmi
BALTIMORE, MD. S. RS AFTER DEATH. IF WITH FORM PM. 3. T. PAGES I AND 2.8 DIVISION OF WITH		Ver 1248-1910 39576 2688 Josyena Marsy	CKI
		IN CAUSE OF DEATH / Early	APPROXIMATE INTERVAL
E SOLONE		PARTI DEATH WAS CAUSED BY:	ETWEEN ONSET AND DEATH
201 W. PRESTON ST JTED WITHIN 24 HO TIED WITHIN TEM I EXAMINER ALONG IAL-TRANSIT PERMI J MENTAL HY GIENE, DN, OR REMOVAL.	1	MMEDIATE CAUSE (a) 2000 SEQUENCE OF	
WO HY IN A NO WHAT		Conditions, if only, which	3 VTRI
		gove rise to immediate (b)	710.
S VARALIA		couse (o) stoting the <u>under</u>   Due TO, OR AS A CONSEQUENCE OF	
		(c)	
EXEC NG. CAL AATIC		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: 10.	
L RECORDS  UID BE EXE  "PENDING  "PENDING  F. MEDICA AS A BL  HEALTH AS  II, CREMA	N	1/000	
EAA WEEL	F	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	AUTOPSY?
SHOULD YORD "PE CHEF NIT OF HE BURIAL, O	CERTIFICATION	1/4-10/	YES NO NO
F VI	1 2	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENIER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 21	YES NO NO
AISION OF THE WED TO THE WED THE WED TO THE WED THE WE	2	UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
S SECTIONS	Ş	CONTRIBUTING CAUSE OF DEATH P.M. 19	
DIVISION OF VIT WIS CERTIFICATE SH WRITING THE WOR ARDED TO THE CY AGE 3 SHOULD BE ATE DEPARTMENT OF THE PEPARTMENT OF TO BUILD FOR THE	MEDICAL	21d INJURY OCCURRED  VHILE NOT WHILE  STREET, FACTORY, FARM, ETC.)  21f LOCATION  STREET CITY OR TOWN COUNTY	STATE
DIN F. THIS C FE, WRIT RWARDI F. PAGE S STATE O, 21201	~	AT WORK AT WORK	
		226. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . ond in my apinior	
E 4			
AMIN STIFIC SE BE I			
<b>₩</b>		ACTUAL DATE (T	7-1621
A SEE SEE		SIGNATURE M.D. MEDICAL EXAMINER SIGNATURE	201700
MO WO	1	CAMINER'S NAME	/
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYLL		TYPE OR PRINT)ADDRESS	
E02549	23a B	BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	STATE
BP		Removal 1/25/85	
DHMH - 17	24. F	Anatomy Board Balto., Md. 1250. Date REC'D. By REGISTRAR 256 REGISTRAR'S SIGN.	ATURE
(VR A15 ME (5))		Anatomy Board Balto., Md.	i i
20M 4/82		JAN 20 1900 - 7	





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Charles Brown of the Indian A STATE OF THE PROPERTY OF THE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				CERTI	ICAIL OI DEATH	REG. N	O.		
DECEASED NAME	FIRST		MIDDLE	12.4	LAST	20 DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
(TIPE ORPRINT)	Marie		B.	O*Co	nnell	January 1	3, 1985	5	8:45D
LSEX	PETER S	4 RACE		5. DATE		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	
Female		White		Jun	e 1, 1899	85	YRS	NIHS DAYS	HOURS MIN.
TO BIRTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH	
Maryland	0.00	U.S.A.		WIDOWI		Prince Ge	orge's	Count	y M
O CITY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND C	OF BUSINESS O
Riverdale	1000		verdale			Housewife	OF WORKING LIFE)	Own	Home
USUAL RESIDENCE (IF NO		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				0	
Maryland	136 COUN	_	Riverda		13d INSIDE CITY LIMITS?	6300 Rive		Pand S	10777
14 FATHER'S NAME	P.0	1.	WI AGI GE	TE	15 MOTHER'S MAIDEN NA		ruate h	(vau 2	0737
FIRST		AIDDLE	LAST		FIRST	WIDDLE		LA	51
John			Harant		Carolina			Fuc	
160 WAS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ass Addr	ess S	ame as
No			220-14-3	432	Mrs. Shir Le	e Kehoe	No#	13e.	
Conditions, if or gove rise to in couse (a), sto underlying cou	mmediate ting the ise last	(c)_	Câres R AS A CONSEQUE		va of Colo	7		over	igi
	GNIFICANT C	onditions <u>co</u>	ONTRIBUTING TO D	DEATH BUT	I NOT RELATED TO THE TERM	ainal disease or con	DITION GIVEN	I IN PART I	0
190 DATE OF OPER 29 110 ACCIDENT WAS U	1984	196 COND	ITION FOR WHICH	OPERATIO	on was performed	20a AUTOPSY? YES NO	206. IF YES, V IN CERTIFYIN YES [	NG CAUSES	NGS USED S OF DEATH?
OR CONTRIBUTING	CAUSE OF DEAL	P.	M, MONTH DA	Y YEAR		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORPART 2)	
21d. INJURY OCCU	WHILE	21e PLACE	OF INJURY REET FACTORY OFFICE F	ARM ETC )	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
220. I certify that sow the dece above, (I) (we) 22b. SIGNATURE	ased alive on	4 - //	10 %	1	nd that in (my) (aux) apinion DEGREE	death occurred of he d	ote and hour a	nd from the	that (I) (we) lare couses stated
	John 1	19ch	e M	0	ATTENDING PHYSICIAN	MEDICAL STA			14, 198
John Ke					6300 Riverd	ale Road -	Riverda	ile. M	aryland

John Kehoe, M.D. 230 BURIAL, CREMATION, REMOVAL (SPECIFY)

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITYORTOWN
Baltimore Baltimore City Md. Jan. 16, 1985 Holy Redeemer Cemetery

Burial 24 FUNERAL DIRECTOR

FOR STATE

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland AN 16 1985

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT IF He

e 3 Per 1995 varieties. "Forma" t of inte June 1, 1885 or training a los more languages from 'or control 6700 Riverdale Peak e Transition in garanger .n. The bings of the same ber Maria Inho in the term 211 en sent seculity and a risk and a minute .0

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2700 Piverdale Post - Siverdale, Veryland

Sharini Jan. 10,1985 Poly Ted work (woodensy Maltiorre Calture City Md.

P. Guschie Sons E.H. C.A. Eyelisville, Maryland 1 . C. T.

John Jahoe E.D.

11/8

O'Shea

may and a second AL

1 "	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8 5	0	2	1	7
2	- STATE REGISTRAR	CERTIFICATE OF DEATH	250	NO			

20 DATE OF DEATH MONTH 26 HOUR DECEASED NAME FIRST (TYPE OR PRINT) 14 85 OTTINGER 01 MILDRED IF UNDER 1 YEAR 6. AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH 4. RACE 3. SEX 16, 1914 Feb. 70 Female White BIRTHPLACE I STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) PRINCE GEORGE'S COUNTY Del. USA WIDOWER DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) CHEVERLY Housewife PRINCE GEORGE'S HOSP & MC 13e STREET ADDRESS / ZIP CODE 13a STATE 136. COUNTY 13c. CITY OR TOWN 4714 66th.Place 20784 Prince Ged. Hyattsvillers X Md. NO 15 MOTHER'S MAIDEN NAME ATHER'S NAME Gillespie Calloway Marie Roscoe 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 7292 Jean Edwards, Greensboro, Md. 138 03 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Acule - on Chronic Brondute Conditions, if onv. which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause himie obstructive PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOD NO T 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

> and that in my (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED

> > DIRECTOR PHYSICIAN

MEDICAL

Louis Steinber

22a.1 certify that (1)(this hospital) attended the deceased from 1-4

(did not) view the body after death

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Odd Fellows

ATTENDING PHYSICIAN

STATE.

De1

1/18/85 Buria1

230 BURIAL CREMATION, REMOVAL

saw the deceased alive on

22h SIGNATUR

Milford

DHMH - 16 50M 4/83 (VRA 15, 4)

Milford, Del.

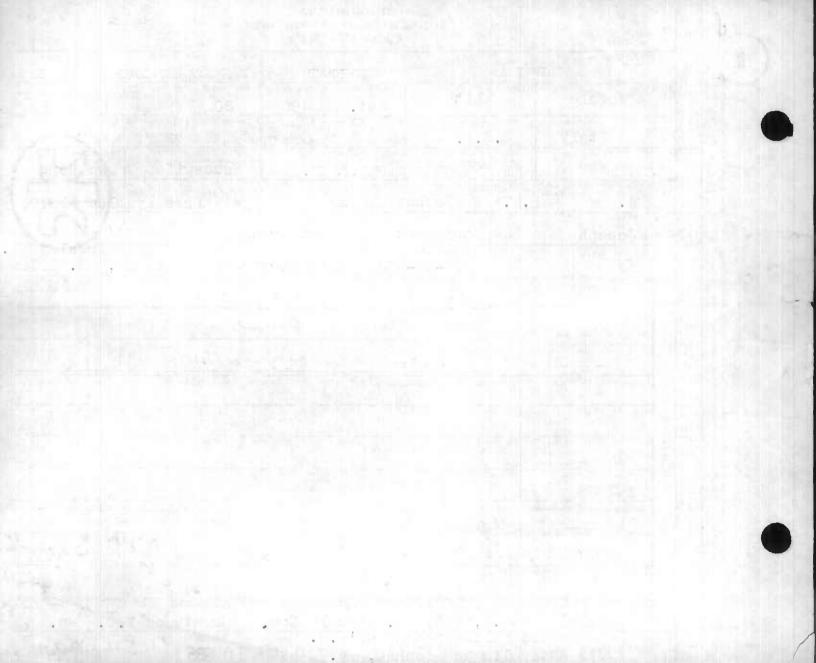
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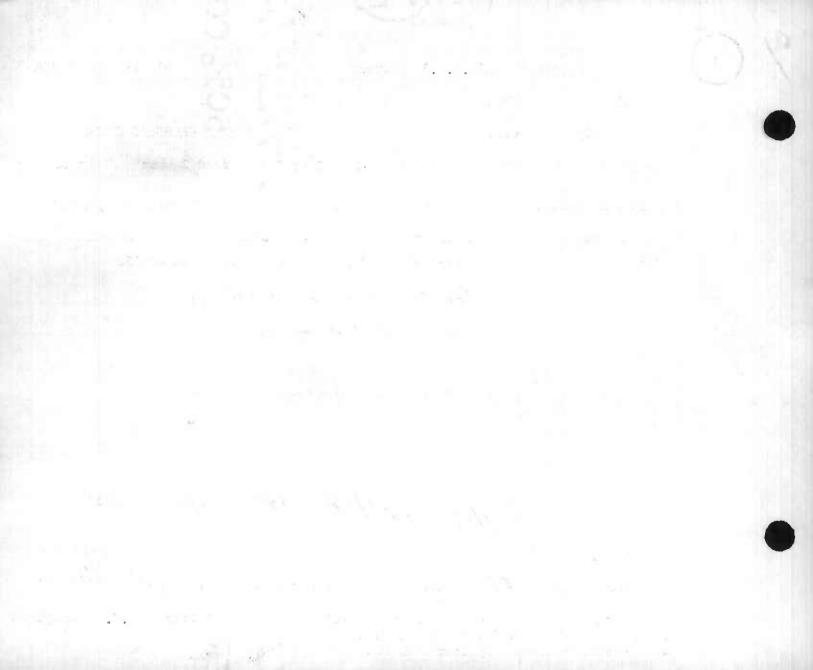
(VRA 15, 4)

Lanham,



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10		REGISTRAR CEASED NAME	FIRST	WEL	MIDDLE	VINEK.2	CERTIFICATE	KI	EG. NO.	
The same of the same of		PE OR PRINT)					DA-CC	20. DATE KNOW	l-	DAY YEAR 26. HOUR
E E E E E	2.00	V	Vanda		Cecelia		Pfeffer	DEATH MAT	ED L	7 19 85 M
25 E SE	3 SEX			5 DATE OF BIRTH	YEAR LAST	(IN YEARS IF UI	NDER 1 YR. IF UNDER	MIN PRONOUNCED	, ,	DAY YEAR 124 HOUR
20000	M.		Vhite	July 9,1	916   68	YRS.		DEAD	1-01	1985 PM
<b>新教育是</b>	FC	RTHPLACE (STATE O	OR .	76 CITIZEN OF WH	AI COUNTRY?		RIED NEVER MARR	IED U H	CITY OR COUNTY	OF DEATH
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E ASECRA	I	wa	Kossi	uth	Wesley		YES X NO	R.R. # 1,	Box 158	50483/
W HOUSE	14. F	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAID	EN NAME MIDDLE		LAST
SCZER #	Ar	ndrew		J.	Goll		Cecelia			chuler
W NAME OF A STATE OF A	16a \	WAS DECEASED EVI	ER IN U.S. ARM		166. SOCIAL SEC	URITY NO.	17 INFORMANT	AD		ess Same as
日本 大学 日本 日本	No				479-56-	2999	Mr. Fran	cis J. Pfeff	er No#	13e.
T. 8		18 CAUSE OF DE	ATH (Enter only WAS CAUSED	one cause per ling	or (a), (b), and (c					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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NER SAN TAL		Conditions, if	a immediate	(b)					<u> </u>	
ED W. PENG.		couse (a) stati		DUE TO, OR	AS A CONSEQUE	NCE OF				
DS, 201 XECUTED JG", IN P SAL EXA BURIAL AND ME ATION,				(c)						
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S HTO HOUSE	18	CONTRIBUTING	CAUSE OF D	EATH P.M.		9			il in a	
INISI 3 SF 1 PRI	MEDICAL	21d INJURY OCCU			OF INJURY (AT HO DRY, FARM, ETC.)		OCATION STREET	CITY OR TOWN	COUN	TY STATE
HIS WRI	1		WORK							
REST DRW REST DD, 2		22a I certify the	ot I took charge	of the remains	ribed above, held	an Autor	osy , Inspectio	n . Inquiry	ond in my opin	nion
A T T T T T T T T T T T T T T T T T T T		death resulted fro	am: Natura	al couses .	Accident .	Suicide	Homicide .	Undetermined manner	□.	
	100	him =	1	. 100			JITLE (SPECIFY)			- 0
		SIGNATURE	xegust	5 / Con	refleg	A	Deputy	MEDICAL EXAMINER	DATE SIGNED.	1-28-85
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▼ ご光配部門	\	(TYPE OR PRINT)	Augusto	P. Rodrig	dez, M.D.		ADD Raybur	n Ct., Temple H	hills, Md.	
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B	URIAL, CREMATION					OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	
99998849		Bur		Feb. 1,19	85 St. J	oseph's	s Cemetery	Wesley	Kossu	
0 6HMA - 17		UNERAL DIRECTOR		ADDRESS	Hara 44 and	11. M.	aryland AN	2 9 1085 4	·	A. P. CO
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TTENDING

TO HOSPITAL

BP.

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

REGISTRAR			CERTIF	ICAIE OF DEATH	REG. N	10.	
DECEASED NAME FIRS		WIDDIE	ı	AS1	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
Mad	eline	Veronica	a Pi	rice	January 1	3, 1985	6:00P
SEX	4 RACE		5 DATE C		6 AGE IN YEARS LAST BI	RTHDAY) IF UND	DER LYEAR IF UNDER 24 HRS.
Female	Whi	te		. 26. 1899	85	YRS	DATS ROOKS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH
Washington D.C	. U.S	.A.	WIDOWE		Prince Ge	orge's C	ounty MI
CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF BUSINESS OR
Riverdale		Sheridan		t	Housewife		Own Home
SUAL RESIDENCE HE NURSING HO	DIME OR OTHER INSTITUTION	134 CITY OR TO		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE	
Maryland	P.G.	Riverda	ale	YES X NO	4708 Sher		eet 20737
FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST
Michael		Schaef	er	Margaret			Hess
WAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDR		Powder Mill
Yes Navy	W.W.I	577-10	-0723	Mr. John R.	Price Bel	tsville,	Md. 20705
18 CAUSE OF DEATH (Ent	ter only one cause pe	r line for (a), (b), a	and ic				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	EDIATE CAUSE (a)	ACNT	EM	IND CARDIAL	INFAR	CTION	
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Conditions, if any, which			HPR-	1 AR TERI	3216 P	A) E	
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underlying couse los	DOL 10, C	AS A CONSEQ	OENCE OF				
PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN IN	PART lia
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN	11036	TIJ	m	EULITUS			
190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
10000					YES NO	YES [	NO [
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OR CONTRIBUTING CAUSE O	OF DEATH	.M. MONTH I	19				
IN FEITHER NOTIFY MEDICAL EXA	21e PLACE	OF INJURY		21f. LOCATION	CITY OR TO	OWN C	OUNTY STATE
WHILE NOT WHILE	] [AT HOME ST	REET FACTORY OFFICE	FARM ETC )	21MEE.	CITTONIC	J.W.1	31416
22a 1 certify that (1) (this		he deceased from	_ N	OV 19.79	10 12 -	2/_10	Fy. that (I) (we) lo
sow the deceased alivabove, (1) (was the	ve on 12 -	2. / 19_	84.01	nd that in (my) (our) opinion (	death occurred on the o	late and hour and	
226. SIGNATURE	· ·	oner deam		DEGREE	/	12	24 DATE SIGNED
	( hohr	ln	~	ATTENDING PHYSICIAN	MEDICAL STA	CIAN	Jan. 14, 1985
224 PHYSICIAN'S NAME	TYPE OK PRINT)			22e ADDRESS		,	,_,_,
K. Joseph M	fathew, M.	D.		6510 Kenilwo	orth Ave. R	iyerdale,	Md. 20737
BURIAL, CREMATION, REMO			NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
SPECIFY				_	CITY OR TOWN	COU	NTY STATE
Burial	Jan.16	,1985   F	rt. Lin	ncoln Cemetery	Brentwo	od P.	. Marvla
Burial FUNERAL DIRECTOR Gasch's Son				25a DAT	Brentwo E RECID. BY REGISTRAF N 1 6 1985		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR

(1)

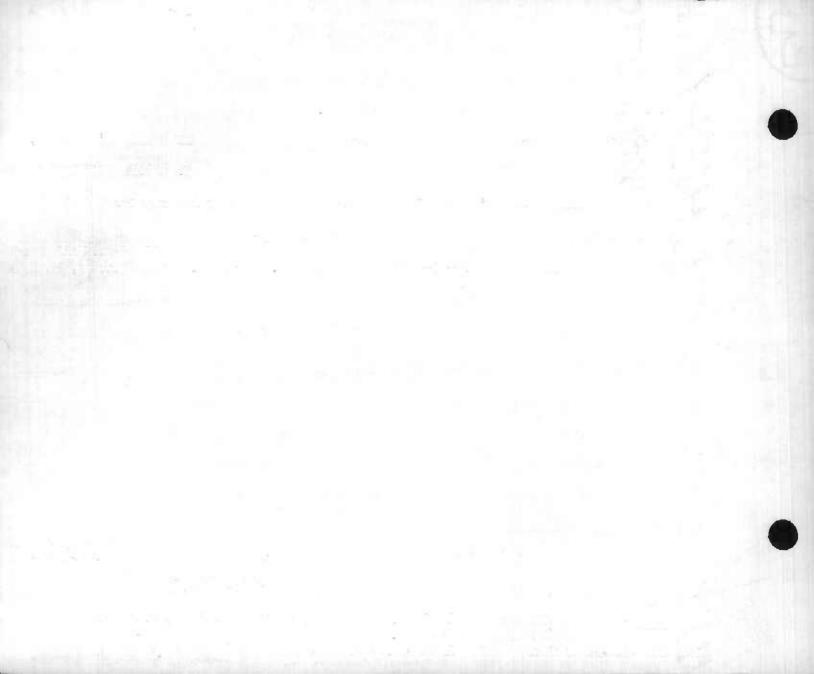
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25 15	١.	16,FilmG600 2/8 FOR STATE		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 8 5 0	2///
- X - \		REGISTRAR		CERTIFICATE OF DEATH	REG, NO.	
9 11		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b HOUR
d h		MARY	LILLIE	PROCTOR		1985 9:07 AM
1/1/2	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
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a Vita		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
op 14 6/4		ARYLAND ITY OR TOWN OF DEATH	USA	RSING HOME OR OTHER INSTITUTION	PRINCE GEORGE	
_ ay 41 476			(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE	
120 120		LINTON AL RESIDENCE LIENURSING HOME O	CLINTON COMMU	NITY HOSPITAL	Nurses Aid	Medicine
4D 24 hc	13a S	STATE 13b. COU	UNTY 13t. CITY OR T	OWN 134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	20613
YIAN Phin		ARYLAND PRIN	NCE GEORGES BR	ANDYWINE YES NO	11010 BRANDYWINE	RU
AAR de	1	FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST
RE, A	16a \	eorge Harley VAS DECEASED EVER IN U.S. A			ianna Newman	ross Road Trails
WO * 10 1/		YES, NO OR UNKNOWN) (IF YES, G	A 216-46	-9284 Thomas H I	Proctor - Brandywi	
ALTI			only one cause per line for (a), (b)		- A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., B		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	utio fruit (fo	sehue	BETWEEN ONSET AND DEATH
ding orbo		INVIVICEDIA	C D V	QUENCE OF O		
deot deot ove c fion,	19	Conditions, if any, which		themany to	olema	
the cremo		gave rise to immediate couse (a), stating the	DUE TO, OF A CONSE	ONENCE OF.	0 - 6	
that that d by eose ol, co		underlying cause lost.	1 (c) Clar	the amos To	my	
S, 20	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART Ita
RECORDS  low requi  os been sig	CERTIFICATION	DATE OF OPEN VIOL	Tue contraction to			
	FI S	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The otherding physicion fifter this certificate h os the buriol-tronsit p th and Mental Hygier orked or tem 18 show	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71r HOW INTURY OCCUR	YES NO YES	S NO
A OF VI		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	TED TENIER NATURE OF INJURY IN HEM 18 P.	AKT T OK PAKT 2)
ON OF ITYSICIA ding ph is certifi buriol-th Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
DIVISION DING PHY or offer this e as the bu olth and M morked ar	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
Do A so E			pital) attended the deceased fra	m 1 20 19 8 S	10 I-27	19 K ), that (I) (we) last
TTEN Pitol TOR for us of He		saw the deceased alive a	The second second		death occurred on the date and haur	
hos hos hed hed ept.		226. SIGNATURE	on view the body offer debth.	DEGREE		224. DATE SIGNED
1				ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7.55 87
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TO HOSPITAL TO FUNERAL should be det with the Store		CIRO D. A	YONIONIZ 1	500 3308 Ded	40 AB KD m	
D 6 5 4 3 3	23a E	SURIAL, CREMATION, REMOVA		31. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	Bu	rial :	January 25, 198	5 Resurrection Ceme	etery Clinton, Ma	
DHMH - 16 50M 4/B2			Funeral Home	nc.	TE REC'D. BY REGISTRAR 25 FEGS	R'S SIGN THRE
(VRA 15, 4) 663.	10	ld Alexander Fe	erry Road, Clin	ton, Maryland JA	N 2 4 1300	- Command Company

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STATE OF MARYLAND

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4 4	1.	STATE REGISTRAR		CERTIFICATE OF DEATH		
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		CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
å , 3 <del>5</del>	1	L.	11: Elizabeth	Range	Gray.	3.85 50 M
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し 野 湿	3. SE	^	4 RACE	MONTH DAY YEAR	AGE (INTERNATIONAL)	MONTHS DAYS HOURS MIN.
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5 5 8/X	110 C	ITY OR TOWN OF DEATH	MI. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION 7	126. KIND OF BUSINESS OR
4 4 P		PD	(IF NOT IN SUCH FACILITY, GIVE STR	1 11	Bookkeeper	
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5 × 5	10.6	ATHER'S NAME	togo to contract of the second	15 MOTHER'S MAIDEN	NAME	haranagonanana.
A Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	7	FIRST	MIDDIE LAST			LAST
W Po du A		Charles	Waldron	Frances		unk.
- 0 -	16e \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT TO	es J. Reeves, Jr.	8701 GreenbeltRd
ond exe	. (		IVE WAR OR DATES)		es J. neeves, Jr.	
LTIMORE, be executed ion and control of the medical control of the medical of the		NO -	225-01	-1251 (988088800)	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
ALI TE		18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b),	ond (c'.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Z - 22 - 25 - 25 - 25 - 25 - 25 - 25 - 2		220.1 certify that (1) (this hosp	pital) attended the deceased from	m 19	10 113 00	19, that (1) (me) lost
TO TO I		sow the deceased olive a	in UN34 19	and that in my (our) opini	ion death occurred on the date and ho	ur and from the couses stated
A SO D D D D D D D D D D D D D D D D D D		22b. SIGNATURE	for view the body after death.	DEGREE	*	226 DATE SIGNED
OR Dep		MR D.	truck IT MO		G. MEDICAL STAFF	1/3/85
AL AL AL THE STEEL		0010	muc III	PHYSICIAN	DIRECTOR   PHYSICIAN	1/3/03
AN See	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS 9 32	+1 (pleiville Rd	
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MANNE		BURIAL, CREMATION, REMOVA	L 23b DATE 23	RENAME OF CEMETERY OR CREMATOR		P. OLINIA CLATE
477 BP 77		moval/Burial/	JAN 6, 1985 1	Danville Cemetery	Danville, Pitt	sylvania. VA
11111	-	UNERAL DIRECTOR		I.e.	DATE REC'D. BY REGISTRAR 256. REGIS	
DHMH - 16 50M 4/83		NAME	Macros 160	JU Annapolls no.	A A A	· · · · · · · · · · · · · · · · · · ·
(VRA 15, 4)	B	eall Funeral H	ome Bow	ie, MD 20715 J	AN 4 1985   20	aurason-Manual

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- 1	1-	FOR STATE				NT OF HEALT	MARYLAND H AND MENTAL I	HYGIENE	<b>5</b>	0 2	7 8	i
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ELAY IS NO THE FL	10 C1	TY OR TOWN OF DEA	S	NAME OF HOS	PITAL, NURSIN HITY GIVE STREET	D HOSPIT	HER INSTITUTION	120 USUAL OC	CUPATION (TYPE		or industr	ne
SECORE SECORE	13a S Mã	ryland	136 COUNTY P.G.	HER INSTITUTION, GIV	13c. CITY OR Clin	TOWN	13d INSIDE CITY LIMITS?	13e STREET AD 8904	Oress Old Bra	anch A	20735 Ave.	0
DEATH. M PM AND 2	Rj	ther's NAME chard	M	IDDLE V •	Ha	rt	IS. MOTHER'S MAID Lillia 17. INFORMANT		Ann		ankli	
JRS AFTER DEATH FORM PILIF FOR	(Y	VAS DECEASED EVER ES. NO, OR UNKNOWN) NO	[ IF YES, GIVE WAR	OR DATES)	213-	SECURITY NO. 44-6097	Lillian	T. Pad	ADDRESS die, Bui	,	Box :	
L RECORDS, 201 W. PRESTON ST.  UD BE EXECUTED WITHIN 24 HOU.  "PENDING" IN PENCIL IN ITEM 18  "MENDING" IN PRINTING PENCIL IN TEM 18  PAS A BURIAL - TRANSIT PERMITHENTH AND MENTAL HYGIENE,  IL, CREMATION, OR REMOVAL.	NO	Conditions, if a gove rise to couse (o) stating lying couse lost.  PART 2 OTHER SIGNIFICAN	immediate the <u>under-</u>	(c)	AS A CONSECUTION OF RELATED		SE OR CONDITION GIVEN IN P.	ART 1 (a)				
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SEATH, WITH THE STA		220. I certify that death resulted from ACTUAL	took charge of	ouses .	Accident _	held on Autor	Homicide TITLE (SPECIFY) Deputy	Undetermined  MEDICAL E)	AMINER	DATE SIGNED	1-14	-83
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE A SHOULD B TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	23e.B	EXAMINER'S NA (TYPE OR PRINT)  JRIAL, CREMATION, R				NE OF CEMETERY (	ADDRESS	9 Rayburn		le Hills	, Md.	
BP	13	Buria  JNERAL DIRECTOR NAME		-16-85	St.	Mary's	Church 250. DATE	CITY OR TOWN	scataw	ay, P	.G.,	Md.
R A15 ME (5)) 20M 4/82	H	untt Fune	eral Ho	ome, Wa	ldorf	, Maryl	and	41 1005	Julie Van	don-Po	心學	1

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MEN

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rv	ror	estv.	rrrek	LL.	EO S	/ I'ICI	•

- STATE CERTIFICATE OF DEA REGISTRAR LAST DECEASED NAME FIRST WARREN M. RICHARDSON 4. RACE 5. DATE OF BIRTH 3 SEX Jan. 11, White Male BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MAR District U.S.A. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CLINTON SOUTHERN MARYLAND HOSPIT USUAL RESIDENCE (IF NURSING TOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 131. COUNTY 121. CITY OR TOWN Upper Town 13d. INSIDE CITY Pr.Geo's Maryland YES [ Marlboro 4 FATHER'S NAME 15. MOTHER'S M Richardson Warren Benjamin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 213-03-4636 Elizabe No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CERTIFICATION 9a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJUR HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( F EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from JAN saw the deceased alive an VAV 7-obove, (I) (we) (did) (did not) view the body after death. and that in (my) (au 226 SIGNATURE DEGREE PHY 22e ADDRESS KATZEN 23c NAME OF CEMETERY OR CRE 23e. BURIAL, CREMATION, REMOVAL 236. DATE Epiphaby Cemete Burial 

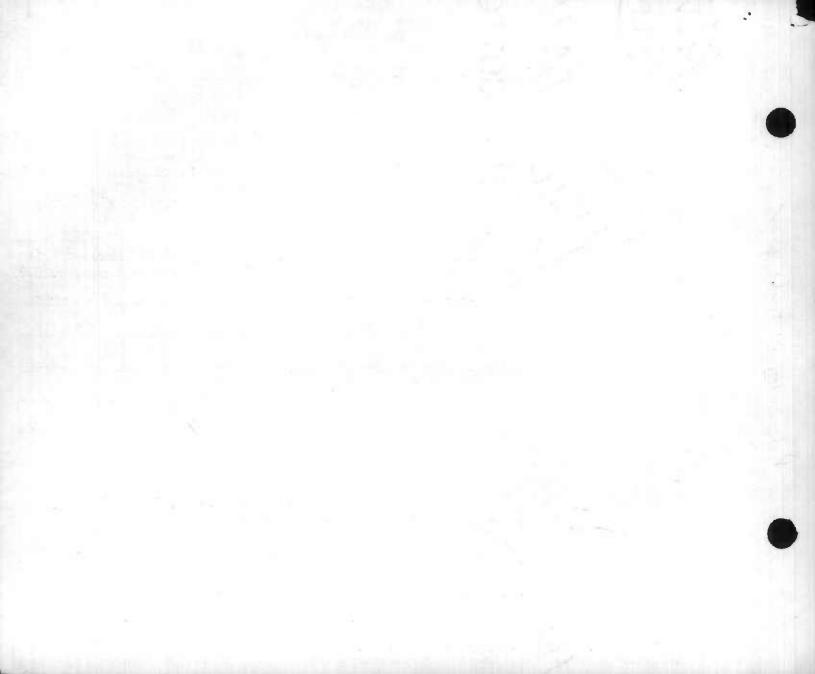
. Coleman -Upper Mariboro, Md. 20772

DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR



1-	FOR STATE REGISTRAR			DEPARTM	CERTIF	E OF MARYLAND HEALTH AND MENTAL HYC FICATE OF DEATH		REG. NO.	0 2 /	8
	CEASED NAME OR PRINT)	FLEE		MIDDLE		ROBINSON	26. DATE OF D	PEATH MONTH	21 85	26. HOUR 853
3. SEX	IALE		BLACK	- (1)	MONT	TEMBER 13,190	6 AGE IN YEAR		IF UNDER TYEA	
NO	RTHPLACE ISTATE OR COUNTRY)	INA	U.S.A.	WHAT COUNTRY?	WIDOW		PRINCE	GEORGE	S COUNTY	
CI	LINTON MD	/	SOUTH	ERNYMARYL	AND I	OR OTHER INSTITUTION HOSPITAL		OR MOST OF WORKE D BUILD	NG LIFE) INDUSTR	OF BUSINESS Y
13a. S	AL RESIDENCE (IF NURS TATE ). C.	131 COUN		GIVE RESIDENCE DEFORE  13c. CITY OR TOWN  WASHING	V	13d. INSIDE CITY LIMITS?	1151 4	DRESS / ZIP C	CE S.E.	20019
	THOMAS	A	NODLE	ROBINSON		IS. MOTHER'S MAIDEN NA		WIDDLE	BEATT	X Y
láa W	VAS DECEASED EVER		AED FORCES? WAR OR DATES)	577-01-20		IRENE CAR (DAUGHTER		151 44tl	h PL. SE	(D.C
z		last.	ONDITIONS CO	R AS A CONSEQUE		T NOT RELATED TO THE TERM	AIN AL DISEASE (	OR CONDITION	GIVEN IN PART	ltar
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CAL CERT	21a. ACCIDENT WAS UNI OR CONTRIBUTING [	CAUSE OF DEAT		OF INJURY .M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCUR			A 18 PART T OR PART 2	)
MEDICAL	214 INJURY OCCUR	ние 🗍	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STA
	22a.1 certify that (I) saw the decease the e/(I)/(we)/(					in , 19 80 and that in (my) (aur) apinian		,		, that (I) (we he causes state
	22b. SIGNATURE	1. (	Mujo	Kniffer	)		MEDICAL DIRECTOR	STAFF PHYSICIAN		.21st/
1	victor S.			.D.		9131 Piscata	way Rd.	, Clint	on, Md. 2	0735
t	BURIAL, CREMATION, (SPECIFY) BURIAL UNERAL DIRECTOR	REMOVAL	23b. DATE JANUAR			CEMETERY OR CREMATORY  INCOLN MEMORI  1369 DA	23d LOCAT CHYON SUIT	LAND, M	ARYLAND	ST

FEB 05 1985

DHMH - 16 50M 4/83 (VRA 15, 4)

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deoth deoth		CEASED NAME FIRST HE	len	May		eker		20 DATE OF DEATH	MONTH D	J. P.	26. HOUR 4:20 B
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Ft. Lincoln Cemetery Brentwood P.G. Maryland ome, P.A.

JAN 1 1 1985

Burial 1/12/85 Ft. Lincoln C. Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

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S, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	MD BY MEDICAL EXAMINER  The shart he death, certificate be executed within 24 hours ofter death. Page 4 mby be	oned by the offending observing and completely filled in the the offending observed of
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5, 201	A sales	7000

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

RODRIGUEZ

S DATE OF BIRTH

REG NO 20 DATE OF DEATH 26 HOUR January 10,1985 3:47 AM A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR 9 BALTIMORE CITY OR COUNTY OF DEATH

Famala Caucasian Dec. To BIRTHPLACE I STATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY?

MIDDLE

Margaret

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MARRIED NEVER MARRIED WIDOWED DIVORCED

PRINCE GEORGE'S 17a USUAL OCCUPATION

Housewife

Raymond E. Rodriguez - above address

176 KIND OF BUSINESS OR INDUSTRY

CITY OR TOWN OF DEATH LANHAM USUAL RESIDENCE (IF NURSING

Germann

FOR

REGISTRAR

I. DECEASED NAME

USUAL RES

- STATE

TYPE OR PRINTS

DOCTORS' HOSPITAL OF PR. GEO. CO r.Geo. Beltsvill

13 STREET ADDRESS / ZIP CODE Rd. 20705

14 FATHER'S NAME MIDDLE George

Bodes 166 SOCIAL SECURITY NO.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Elizabeth 17 INFORMANT

15 MOTHER'S MAIDEN NAME

1902

Öster ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Christine

4 RACE

216-46-8018 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

Son MREST

my

APPROXIMATE INTERVAL

Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.

190 DATE OF OPERATION

mio ckur in DUE TO, OR AS A CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

a. ACCIDENT WAS UNDERLYING	21b. 1
PR CONTRIBUTING CAUSE OF DEATH	HO

IME OF INJURY P.M

206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED WHILE NOT WHILE

UR A.M. MONTH DAY YEAR 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM, ETC 1

211 LOCATION

COUNTY

22a I certify that (I) (this haspital) attended the deceased from saw the deceased give an above, (I) (we) | did| (did not) view the body after death

IMMEDIATE CAUSE (a)

and that in (my) (our) apinian death accurred an the date and haur and from the causes stated DEGREE ATTENDING

MEDICAL STAFF PHYSICIAN & DIRECTOR PHYSICIAN

CITY OR TOWN

220 DATE SIGNED

STATE

224 PHYSICIAN'S NAME LINE OF PRIVIL ANDRES LARA, M.D. 22e ADDRESS 9326 Lanham-Severn Rd.,

Lanham, Md. 20706

230 BURIAL, CREMATION, REMOVAL 236, DATE Burial

1/14/1985

23c. NAME OF CEMETERY OR CREMATORY Arlington Nat

23d LOCATION CITY OR TOWN Arlington

(VRA 15, 4)

CERTIFICATION

74 FUNERAL DIRECTOR Nalley's F. H.

ADDRES Mt. Rainier,

wie Davidson Bandall

DHMH - 16 60M 7/B4

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N	1-	FOR STATE REGISTRAR		DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 S	0	2 /	8 5
)		CEASED NAME FIRST	MIDD AND			AST	2a. DATE OF DEATH MON		YEAR	2b HOUR
	3 SE)	ADELAIDE MA	ARY CUPANY	KULLIN	5. DATE C		JANUARY 20,	) IF L	UNDER 1 YEAR	
1		male	Black		June		81	YRS		HOURS MIN.
0	(	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CITY OR CO			
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5		ham /	Doctors'		1 of	P.G. Cty	Housewife		Non	
9	130 S I	AL RESIDENCE (IF NURSING HOME OR ITATE 13) COUN	VTY 13c	CITY OR TOWN Washing	N	13d INSIDE CITY LIMITS? YES X NO [	13e STREET ADDRESS / ZIF 1147 5th Str	code eet,	N.E.?	1999
01		Peter	MIDDLE Copa	3		15. MOTHER'S MAIDEN NAM	MIDDLE	Cl	ıas tan	sr 1 <b>g</b>
2		VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166	Unknow:		17 INFORMANT	nce Swailes/d	aucht	-02/52	//2 Ch411
/		18 CAUSE OF DEATH (Enter on	ly one cause per line			ris. Collsta	Pl. N.E.,			MATE INTERVAL
N		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	Gam	1~	eaghe Leps:			20	uedo.
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	) ib)	A CONSEQUE	als	no o co	Caphe Carle	Fulle	. 14	with.
		PART 2 OTHER SIGNIFICANT O	CONDITIONS CONT	RIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN	IN PART 1	0
	NO									
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED			VERE FINDING CAUSES	NGS USED OF DEATH?
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	111	MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTERNATURE OF INJURY IN I	TEM 18 PART	I OR PART 2)	
1	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF I	INJURY FACTORY, OFFICE, FA	ARM ETC )	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
		270 1 certify that (I) (this hospi saw the deceased alive an abave, (I) (see) (did see	1/20	19_	J . or	nd that in (my) (our) opinion o	to 1 20 death occurred on the date a	nd hour o		that (1) (wet last causes stated
		22b. SILVERI	C My he	2		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN		22c. DATE	SIGNED
1		22d PHYSICIAN THE COME	PRINT)	Mesh	0	STO 6	Batt. Aug 1	teath	who h	16781
	23a B	JURIAL, CREMATION, REMOVAL SPECIFY Burial	1-24-85			emetery or crematory  In Memorial	23d LOCATION CITY OF TOWN Suitland	Md	OUNTY	STATE

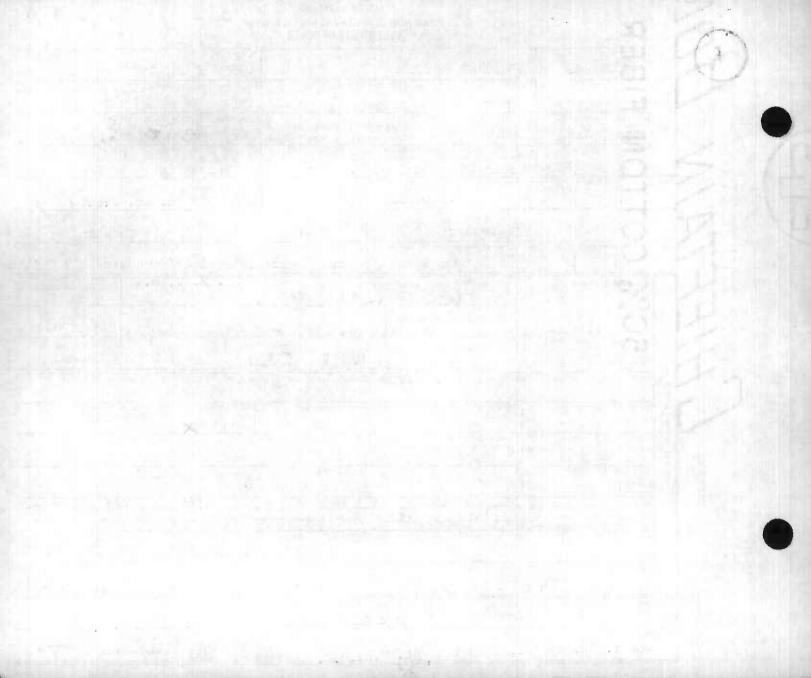
DHMH 16 60M 7/84 (VRA 15, 4)

John T. Rhines Co., 3015 12th St. N.E., D.C.

al Suitland, Md.

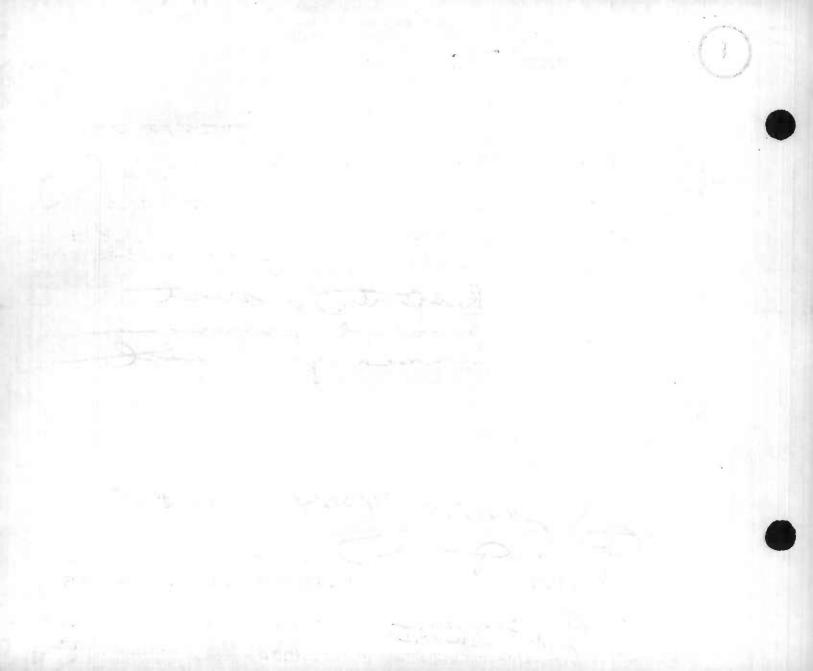
250. DATE REC'D. BY REGISTRAR'S SIGNATURE

114.112.5.5085 Julia Dandon Park



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH YEAR TYPE OF PERSON IF UNDER TYEAR IF UNDER 24 HRS YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH ESTATE OF FOREIGN MARRIED NEVER MARRIED SHATES WIDOWED PINCE SEORGES LLINOIS DIVORCED CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR LIYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife AGNOLIA GALDEN NYLSING HEME Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 20784 13a STATE 131. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 9305 CARROLLTON YES NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Charles Winn Kate Reard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT VES NO OR LINENOWNI (IF YES, GIVE WAR OR DATES) 577-26-6694 No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CAROW RECOMMON IMMEDIATE CAUSE 10). DUE TO, OR AS A CONSEQUENCE OF and some Smock CHUDIOCOCIC Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. LY TIP CAON LOS CRUCA 195 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 78a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES [ NO [ 218 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH oto (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 214. INJURY OCCURRED 71e. PLACE OF INJURY 711 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) 220 I certify that (1) (this haspital) attended the deceased from sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 274 PHYSICIAN'S NAME THREE OR PRINTS 22e ADDRESS CHEMEN SOURCE 0 23d LOCATION 23ª BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Jan. 24, 1985 Fort Lincoln Cemetery Burial Brentwood P.G. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 he Davidson Harpes F. Gasch's Sons F.H. P.A. Hyattsville. Maryland (VRA 15, 4)

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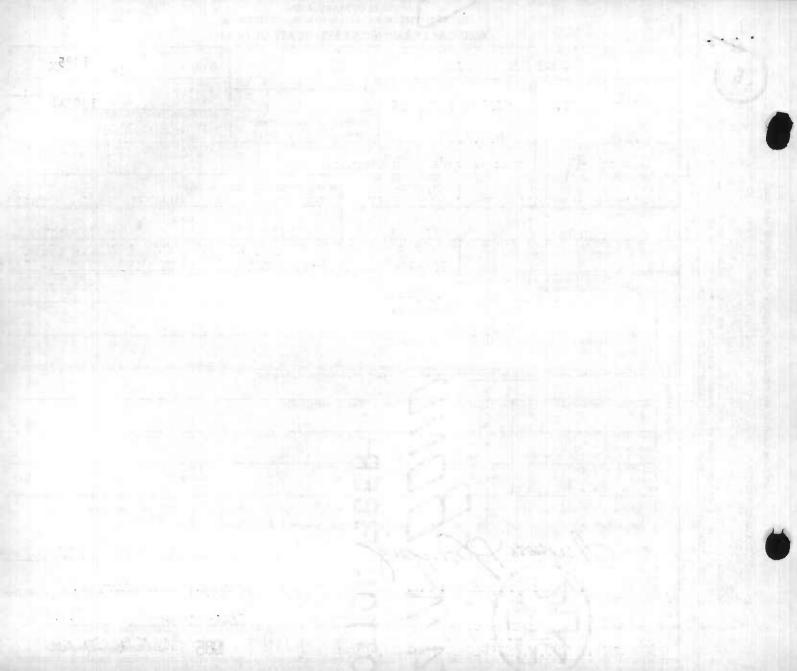
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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( 2 Ba 3)	3 SEX	14	JOSEF	HLNE Is date of birth	SUSAN		SEAY Under 1 yr. Tif und	DE	ATH MATED	1/1 MONTH	19858	
200 HZ	3 357	Female	WHITE	APRIL			ONTHS DAYS HOURS	MIN PRON	NOUNCED DEAD	1/1	1985%	Il:23
SA SE		RTHPLACE (STAT			VHAT COUNTRY?	8. MA	RRIED NEVER MA	RRIED .	PRINCE (		Y OF DEATH	
E FILE V V	NE 10. CI	W YORK	FDEATH	II. NAME OF HO	SPITAL, NURSIN	G HOME, OR C	THER INSTITUTION	MCCC L	CCUPATION (TO		S 12b KIND OF I	MD.
DELAY IS TO THE F N PAGE BE FILED		Chever1y			eorge's Ger		pital		PF WORKING LIFE)		OR INDUS	STRY
D. 21201 IF ANY DELA 2, AND 3 TO 3. RETAIN BE SHOULD BE AL	130 S	TATE	136 COUN		13c. CITY OR 1	OWN	13d. INSIDE CITY LIMITS					
S - 10 0 0 000		RYLAND THER'S NAME	PRIN	ICE GEORG	ES GREE	NBE LT	YES Y NO		S. PLAT	EAU_PL		20770
	>	· C	ARLO		GALAR		FIRST EL17	ABETH		3.45	LEGAR	TRO
FTER FOR PARTIES FOR	{YI	S, NO, OR UNKNOW!	EVER IN U.S. ARA			SECURITY NO.		ON IN LA	w 437	& LARK	WOOD D	RIVE
	_A	18 CAUSE OF	DEATH (Enter onl	y one couse per lin		6-7222 (c).)	_ I FRENCH_	CALDWELL	VIK	GINIA	APPROXIM	VA23464
ON ST., 24 HOUR ITEM 1B., ONG W PERMIT. SIENE, D		PARTIDEA	TH WAS CAUSED	E CAUSE (a)	Emphys						561.161.00	SCI HISD DENIII
W. PRESTON ST WITHIN 24 HO PENCIL IN ITEM 1 WINER ALONG - TRANSIT PERMI ENTAL HYGIENE, OR REMOVAL			if ony, which	DUE TO, C	R AS A CONSEQ	UENCE OF					F.O.	
			to immediate ating the <u>under</u> -last.	DUE TO, O	R AS A CONSEQ	UENCE OF				-1144		
		PART 2 OTHER SIGN	IFICANT CONDITIONS	(c)	N RUT NOT RELATED TO	THE TERMINAL DIS	EASE OR CONDITION GIVEN IN	PART 1 of				
A A S A A S A C C C C C C C C C C C C C	NO							THE THE				
SHOULD E SHOULD E OND "PEN CHIEF MI E USED A URAAL G	CERTIFICATION	19a DATE OF O	PERATION	196 COND	ITION FOR WHIC	H OPERATION	WAS PERFORMED?				20 AUTOPS	
ATE SO THE WORLD BE COLORED BE CO		21a EXTERNAL UNDERLYING CONTRIBUTING			M. MONTH DAY	YEAR 21c	HOW INJURY OCCUP	RED LENTER NATURE	OF INJURY IN ITEM 1	8 PART 1 OR PART	YES [	но 🗓
HIS CERTIFIC WRITING TI WARDED TO AGE 3 SHOW ATE DEF	MEDICAL	21d. INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK		OF INJURY (AT CTORY, FARM, ETC.)	номе, 211.	LOCATION STREET	СПҮ	OR TOWN	COU	NEY	STATE
ANNER: T FICATE, FE FORW CTOR: P THE ST TAND, 2		22a. I certify	and a second sec	e of the remains de	escribed above, h	eld on Aut	opsy , Inspec	tion , Inc		ind in my opi	nian	
LECENTIFIC COULD B OULD B NI DIRECTHIN WITH WITH WARY		ACTUAL SIGNATURE	Augus	ets D	Que	in	M.D. Deputy			DATE	1/1/1	984
TO MEDICAL EXAMINER: TO RECUIT THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNREAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTHMORE, MARYLAND, 2		EXAMINER'S NA	August	o P. Rodri	ouez M.D.	0		Rayburn C	TOTAL PROPERTY.			
PA PA PA PA	23a Bl	JRIAL, CREMATIC	ON, REMOVAL 2	36 DATE			OR CREMATORY	23d LOCATION		COUNT		STATE
BP		BURIAL INERAL DIRECTO	OR FRANCI.	1/4/85 S J. COL	LINS	OOD CEN	25a. DA1	FALLS E REC'D. BY REGI	STRAR	SISTRAR'S SK	GNATURE	INIA
(VR A15 ME (5)) 20M 4/82		500 UNIL	BLVD.,	W., SILVE	R SPRING	, MD 2029:	01 JA	N 7 198	5 Julia	Davidson	- Anders	6
00111 00												



FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

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1	REGISTRAR			CERTITI	CAILOI	PLATII	REG. N	O			
1		RST	MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
I	тиме ов мени). Ма	ary Lou	ise	S	eay		January		85	6:45A M	
I	1 SEX	4 RACE		5 DATE O		VE AD	6. AGE (IN YEARS LAST BI		MONTHS DAYS	IF UNDER 24 HRS	
1	Female	Whit	e	MONTH	1°3	1913	72	YRS	DATS	MIN.	
1	TO BIRTHIN ACE TO ATE OR FORE		WHAT COUNTRY?	8 MARRIET	NEVER	MARRIED -	9 BALTIMORE CITY	R COUNTY	OFDEATH		
4	Virginia	U.S.A		WIDOWE	D D	NORCED [	Prince Ge	-	s Count	у мо	
4	Riverdale	6317 K	HOSPITAL, NURSING THEACILITY, GIVE STREET A Enilworth	Aven	er other ins	TITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife			ome	
>	USUAL RESIDENCE (IF NURSING 130 STATE 13b Maryland	COUNTY P.G.	GIVE RESIDENCE BEFORE RIVERDAL	e P	13d INSIDE	NO [	13. STREET ADDRESS 6317 Kenil	/ ZIP CODE	Avenue	20737	
1	John	MIDDLE	Holast			s maiden naa first nknown	ME		ŁAS	र्ग	
1	160 WAS DECEASED EVER IN U	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166 SOCIAL SECUP		17. INFORM	ANT	ADDR	ESS			
1	(YES, NOR UNKNOWN)	F TES, GIVE WAR OR DATES)	578-30-6	536	Charl	es E. S	eay (Son)	Same a	as 13e		
	Conditions, if ony, what gave rise to immedicause (a), stating underlying cause I	AUSED BY MEDIATE CAUSE (a)  DUE TO, O hich (b) iote the Oust. (c)	Cardiac a  RAS A CONSEQUE CO TO NATIONAL  RAS A CONSEQUE Obesity,	rrest Heart NCE OF MOTbi	Disea		IN AL DISEASE OR CON	IDITION GIV		IMATE INTERVAL QNSET AND DEATH	
1	190 DATE OF OPERATION	N 196 COND	ITION FOR WHICH (	OPERATION	N WAS PERFO	DRMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	NGS USED OF DEATH?	
1	000000000000000000000000000000000000000	SE OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW II	NJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART 1 OR PART 2)		
	OR CONTRIBUTING CAUSE  [IF EITHER NOTIFY MEDICALE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE FA	RM, ETC )	211 LOCATI		CITY OR TO	DWN	COUNTY	STATE	
1	220 I certify that (I) (the saw the deceased a abave, (I) (we) (did)	220 I certify that (I) (this haspital) attended the deceased from February 4, 19.81, to January 14, 19.85, that (I) (we) last saw the deceased alive on Jan. 14, 19.85, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death.									
	22b. SIGNATURE	In ms	2		DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c DATE 1/17/		
	Year-Kwon	H. Yoon, M.	I.D.		22e ADDRE	3300	Kenilworth		#105		
1	230 BURIAL, CREMATION, REA	AOVAL 236. DATE	23c N	AME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	C2.44	
	Burial	1/21/8	85 Ft.	Line	coln C	emetery	Brentwoo	d P	.G. M	aryland	
1	Francy SireGasch'	s Sons Fun	eral Home	P.A		250 DATI	E RECID BY REGISTRAL	256 REGIST	RAP'S SICNAL	URE	

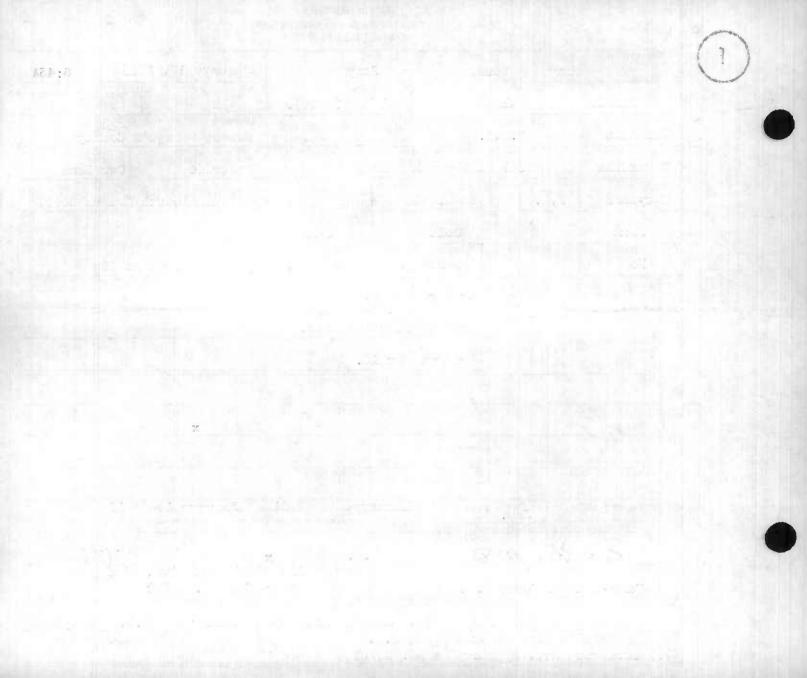
DHMH - 16 60M 7/B4 (VRA 15, 4)

4739 Baltimore Ave. Hyattsville Md. 20781

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MMPORTANI: If Hem 21 is marked at Item 18 shows any injury, at ather traumatic event, the man



injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

	STATE OF MARTLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIE
STATE	CERTIFICATE OF DEATH

-	63	(lines	

	1 -	REGISTRAR			CERTIF	FICATE OF DEATH	REG. I	NO.			
		CEASED NAME FIRST	100	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	1	Sarah	Ruth	Wilson	SEY	MOUR	January	18,1985		6:00A M	
1	3 SEX	(	4. RACE		5. DATE (		6 AGE (IN YEARS LAST B	IRTHDAY) IF U	DER I YEAR	IF UNDER 24 HRS	
1		Female	Caucas:	ian	Janu		69	YRS	DATS	HOURS MIN	
Ž		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		DEATH		
4	A	Labama	US	5A	WIDOWI		Prince	e George	's C	ounty MD.	
Ž	10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPA		26 KIND C	F BUSINESS OR	
4	La	ınham	Doctors	s Hospit	al of	Pr. Geo. Co.	Home make		own h	ome	
7		AL RESIDENCE (IF NURSING HOME CO		GIVE RESIDENCE SEFORE		1136 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE			
A			eorge's	Lanham		YES NO	9200 Tuck		reet.	20706	
1		THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MĚ		1		
1		Mortimer	J.	Wilson		Alice	WIDDLE		Head	31	
П	160 W	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD				
	{ Y	NO NO OR UNKNOWN) (1F YES, G	IVE WAR OR DATES)	420-05-2	200	Thomas D. Se	9200	Tucker	nan S	treet 20706	
		18 CAUSE OF DEATH (Enter o			-	THOMAS D. DE	ymour Lan	HAMI MAIL	-	IMATE INTERVAL	
		PART I. DEATH WAS CAUS	ED BY	CARD		Plu Ha on A h 11	APRE	15	BETWEEN	ONSET AND DEATH	
		IMMEDIA	ATE CAUSE (a)	641-11	10 -	100 wind birt	Blone				
7		DUE TO, OR AS A CONSEQUENCE OF									
1		Conditions, if any, which gove rise to immediate									
		cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF				3	471	
		underlying cause last	(c)_							1 1	
4	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVEN	N PART 1	a	
	CERTIFICATION										
2	CA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	10b. IF YES, W			
	RTIF						YES NO	YES [		но 🗆	
Н		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE	21b. TIME C		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I	OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	CAIN .	м.	19						
	0	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET FACTORY OFFICE, F		211 LOCATION STREET	CITY OR	OWN	COUNTY	STATE	
	Σ	AT WORK NOT WHILE	(AT HOME ST	REEL PACTORY OFFICE, F	ARM EIC J						
1		220.1 certify that (1) (this hospital) attended the deceased from 1/14/85 19 ta 1/18/85 19 that (1) (we) lost									
d		saw the deceased alive a obove, (I) (we) (did) (did)			, a	nd that in (my) (aur) apinion	death accurred an the	date and havi on	d Irom the	causes stated	
	- 1	22b. SIGNATURE	of view the body	difer death.		DEGREE			22c. DATE	SIGNED	
		Loguh.	Sul	candy		ATTENDING PHYSICIAN I	MEDICAL ST.	AFF ICIAN []	1/1	8/85	
		224. PHYSICIAN'S NAME (TYPE	ORPUNT)	/		22e ADDRESS				737	
	F	ROGER BOWMA	N INGHAN	M.D.		6510 Kenilw	orth Ave	Suite 7			
-		URIAL, CREMATION, REMOVA			IAME OF C	EMETERY OR CREMATORY	23d LOCATION		,	,	

DHMH - 16 60M 7/B4 (VRA 15, 4)

Cremation Metropolitan Cremation Alexandria, Fairfax, Virginia
16000 Annapolis Rd. 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR
Beall Funeral Home

Bowie, MD 20715

whie Davidson-Randall

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(C)		1-	FOR STATE REGISTRAR			DEPAR	MENT OF H	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	TYGIENE 8	REG. NO.	0 2	. /	4 4
9 9 9 9	/		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST	2a. DATE (	OF DEATH MONTH	13	85	2b. HOUR
oy b		3. SE	ν	ALBE	A RACE	M	SHAW Is date of	NE RIPTH	A AGE (III	YEARS LAST BIRTHDAY	IF UN	DER I YEAR	F UNDER 24 HRS
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Po Po	376		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	?   8. MARRIEI	NEVER MARRIED	9 BALTIM	ORE CITY OR CO	JNTY OF E	DEATH	
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e fo	pe//		ITY OR TOWN OF DE		11. NAME OF	HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUA	LOCCUPATION	12		BUSINESS OF
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in 2 y fill shou	E		laryland	P	G	Temple	Hil	SES NO		Hartwe	11 5	tree	t 207
7 20	EI//	14.F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE		LAST	
9 000	160		Benjamin			Tilton	A	Florence	e		Fi	gard	
d co	0		VAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS			
* 000	medicol	1	NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATEST	578-36	-9769	Robert S	haw	Same	20	#13	
e be	g physician san papers. F remaval. : event, the n			11.5	1	-		TODELE D	IIaw	Banie	as		AATE INTERVAL NSET AND DEATH
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ertif og p				IMMEDIA	TE CAUSE (a)	Cer Cla	un,	react for	uu .		-	100	very)
the confirmation of	notic				DUE TO, O	R AS A CONSEO	JENCE OF	1. 11	1				
deo deo	0		Conditions, if ony		(b)	Arterio	relly-	the show i	queny			10	elen
the the	er tr		gave rise to im- cause (a), stati	ng the	DUE TO. O	R AS A CONSEO	JENCE OF						
by by L. cr	to of		underlying couse	last.	( 10)								
ned ple	0		PART 2 QTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE OR CONDITIO	V GIVEN IN	PART 110	
Sig Then to b	njory,	Z	Theene	106	Luxtin	· Lung	nilla	U- DIABE	SEC A	12/1,705			
been briar	oux	CERTIFICATION	19n DATE OF OPERA	TION				N WAS PERFORMED	20g AU		IF YES, WE	RE FINDIN	GS USED
o . lo	9	55			1	0		3	V50 🗔	_ IN C	ERTIFYING		OF DEATH?
The The Sort poset	8	E	71a. ACCIDENT WAS UN	DEBLYING F	7 216. TIME C	NE INTRIPY		Tale HOW IN HURY OCC	YES	NO	YES [		NO 🗌
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DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
24 FUNERAL DIRECTOR 16JAN1985 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

ENVOLTOWN

COUNTY STATE

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Robert E. Wilhelm Funeral Home

236. DATE



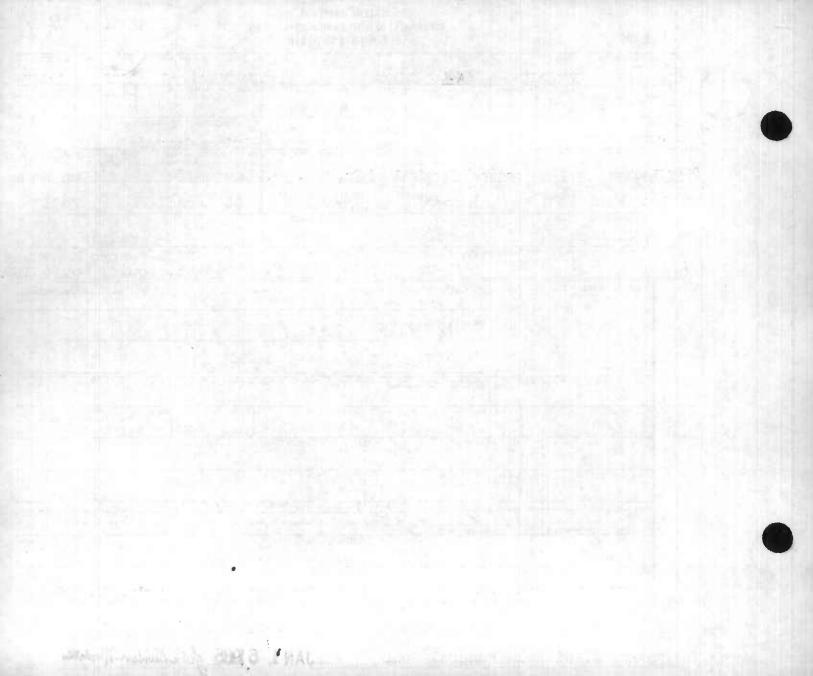
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STATE OF MARYLAND

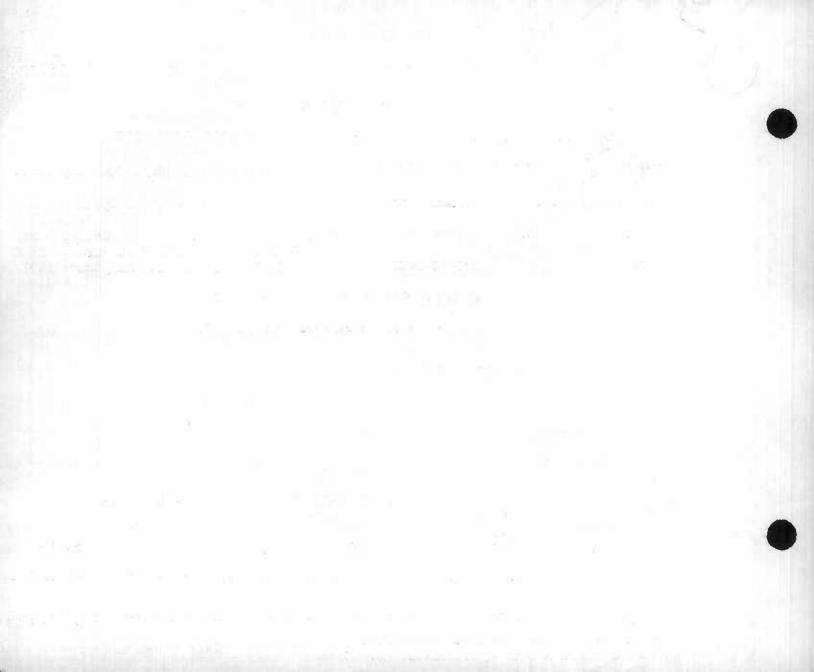
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Page en	I	No	577-01-	7316	William G.	Smoot St.	Loui	s, Mo	. 63109
ires that the death certificating and greed by the attending physis in please remove carbonpaph burial, cremation, or removality, or at other traumatic event, it		PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS ACONSEQUE  OUT TO, OR AS ACONSEQUE  DUE TO, OR AS ACONSEQUE  CONDITIONS CONTRIBUTING TO	ENCE OF	carest in Heart	t factor	DITION GIVEN II		NE INTERVAL
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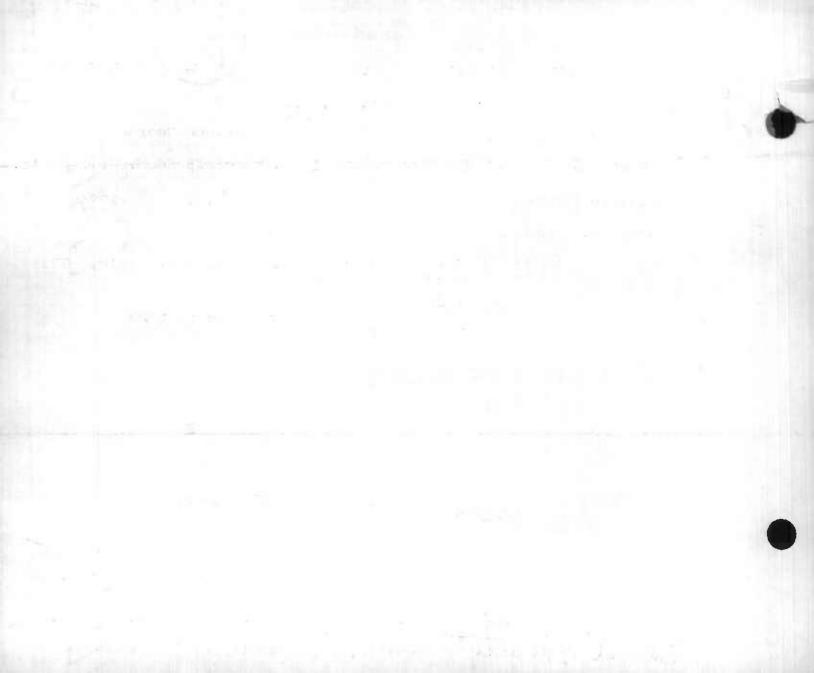


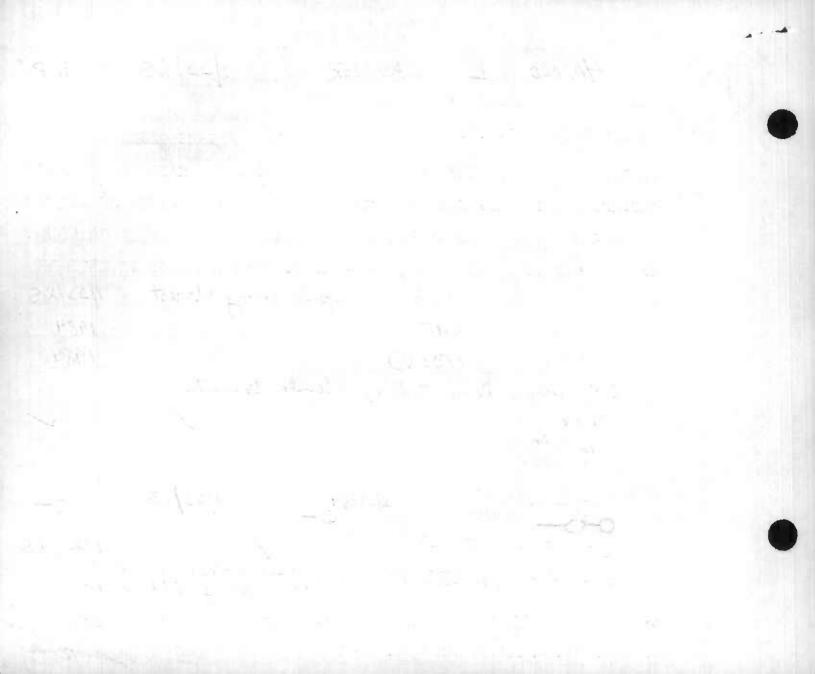
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR





FOR

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST In DATE OF DEATH MONTH MIDDLE YEAR 26 HOUR THE GREEN. KATHLEEN STEVENS 1/27/85 8:31pm 4 RACE 3. 5EX 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS IF UNDER TYEAR MONTH DAY YEAR HOURS Black 97x 6 10/07/88 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? OR FOREIGN MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED T PRINCE GEROGES 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY Domestic Private Family CLINTON SOUTHERN MARYLAND HOSPITAL SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS a STATE 113 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? D.C. Washington 420-20th St., N.E. 20002 YES NO T A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Joseph Adams Mattie Hawkins 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 420-20th St. N.E. Washington, D.C. HE YES GIVE WAR OR DATEST 579-44-7907 Katie Thomas No 20002 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH REAL DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES [ NO [ 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 71e PLACE OF IN JURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive an \_\_\_\_\_\_ obave, (1) (we) (did) (did nat) view the bady after death. and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE E SIGNED ATTENDING MEDICAL **CHYSICIAN** DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OFFRINT 22e ADDRESS 236 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) COUNTY Mt. Olivet Cemetery Burial Washington, D.C. 24 FUNERAL DIRECTOR ROLLINS FUNERAL HOME, INC. DHMH - 16 50M 4/83 4339 HUNT PLACE, N.E. (VRA 15, 4) WASHINGTON, D.C. 20019

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Marlboro, Md. 20772

Richard A. Coleman Fun'l Home Upper

DHMH - 16 50M 4/82

(VRA 15, 4)

FOR

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STATE OF MARYLAND

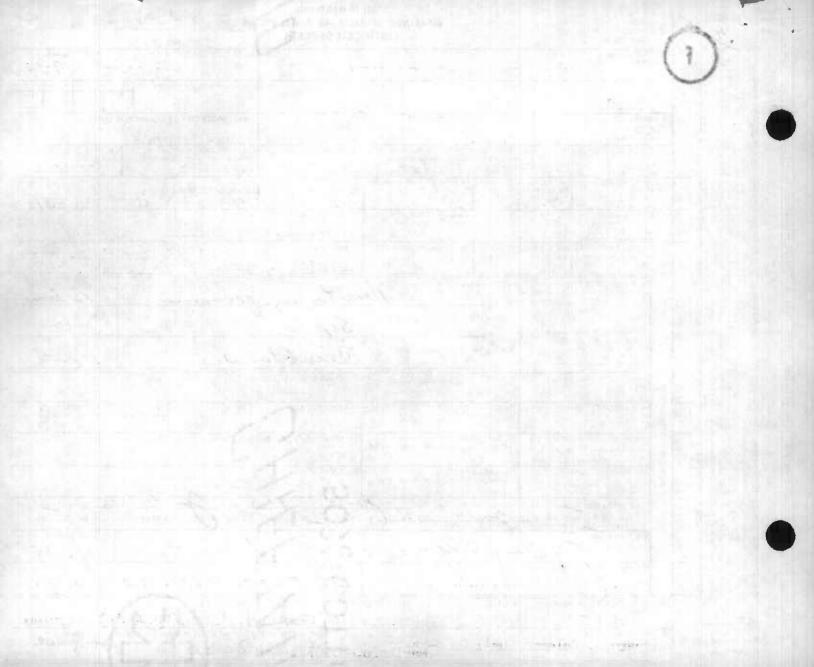
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN A MONTH (TYPE OR PRINT) ESTI-GLENN STROUP 10 85 DEATH MATED 4 RACE 3 SEX DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 2c. DATE RONOUNCED LAST BIRTHDAY) Male White 19 85 8:441 Sept. 18 190 TE CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Pennsylvania U.S.A. Prince George's DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Retired - Fed. Gov. Federal Govt. Malcolm Grow USAF Medical Center Camp Springs USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 20748 Prince George's Temple Hills 13d INSIDE CITY LIMITS? 4605 Henderson Rd. Maryland YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Mitterling Stephen Stroup Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 5 Henderson Road Temple Hills, Maryland 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 159-14-1172 Edna Stroup 18 CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c),) PART I DEATH WAS CAUSED BY melerotes Chroso Conscular desens Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION TE. WRITING THE WORD "PER RWARDED TO THE CHIEF MI PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA 5, 21201 PRIOR TO BURAI, C 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING TICAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITTING AS 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFRE DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE X 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Accident Suicide Homicide L Undetermined monner TITLE (SPECIFY) DATE SIGNED 1/11/1985 Deputy MEDICAL EXAMINER Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Temple Hills, Md. 230 BURIAL CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Cedar Hill Cemetery Burial Suitland BP. 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. **DHMH - 17** Frelia Davidson-Randa 12 George P. Kalas Funeral Home Oxon Hill, Md. (VR A15 ME (5)) 20M 4/B2

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		TES. SIGNATORE	-	11-	. I IV	1	COREE	ATTENDING _	MEDICA		AFF _			
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Unannes Sanakian, M.D.

23c NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial Jan. 19, 1985 Gate of Heaven Cem. 24 FUNERAL DIRECTOR Gasch's Sons F.H. P.A. Hyattsville, Maryland

Silver Spring Montgomery Md.

250 DATE RECUD BY REGISTRAR 250 REGISTRAR 3 SIGNATURE.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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76	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 5 0	2 3 1 0
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Fin 1	3 SE		4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
( A )	M	ale	Caucasian	November 5, 1912	70	ONTHS DAYS HOURS MIN.
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34 3/1/		aryland	U.S.A.	WIDOWED DIVORCED IN THE INSTITUTION	Prince George's	12h KIND OF BUSINESS OR
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of pa	13a. S	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13c. CITY OR TOW		13e.STREET ADDRESS / ZIP CODE	00111
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and and	Ja	mes L. Sunderla		Elisabeth B.		(83)
ond co	16a V	VAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL SECU		ADSTOS MC	Kay Drive
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andy from		Conditions, if any, which gove rise to immediate	(P) CHICO.ALC	OBSTRUCTION PULL	IONALY DISEASE	TEMES
y the creater there		couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE			/ VEA
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Then property.	NO	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to </u>	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	EN IN PART 110
hos been prio	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED (ING CAUSES OF DEATH?
Hyg sh	S. S.	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
at of E	AL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	AY YEAR		
Don't He or He	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
os the thond thond arked	ME	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
Ne. A		220 1 certify that (I) (this haspit		19 01	to1	9 19 (me) lost
CTO for of		sow the deceased olive on obove, (1) (we) (did) (did not	) view the book letter death.	, and that in (my) (our) opinion	deoth occurred on the date and hour	and from the couses stated
chec Chec Dept Hen		THE SIGNATURE		DEGREE		22c. DATE SIGNED
At D		41/2-4	Mun	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	01/07/85
A Ste Ste		THE PHYSICIANIS MANE (1119 CH	PROMIT	22e. ADDRESS CHAT	RUES PROFESSIONIL	BUCK BOX 21
should be deto with the State I		JEFFREY A	- Annage	b.T.		Mo 20601
D43 M	23a 8	BURIAL, CREMATION, REMOVAL	23h DATE 23c N	NAME OF CEMETERY OR CREMATORY	234 LOCATION	
	Bu	COEL REAL		Woodlawn Cemetery	Baltimore, Mary	county state

DHMH - 16 50M 4/83

Burial January 9, 1985 Woodlawn Cen

783 PUNERAL DIRECTOR Lee Funeral Home, Inc.

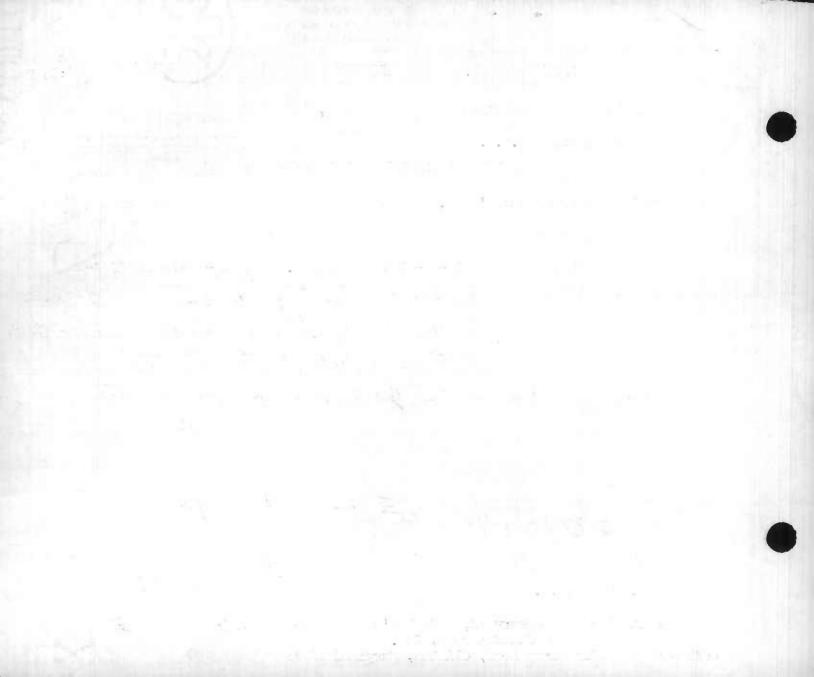
6633 Old Alexander Ferry Road, Clinton, Maryland

Woodlawn Cemetery Baltimore, Mary Land

C. | 1250 PATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

AND 1 0 1985 | Mary Land





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5	HIN 24 HOURS AFTER DEATH. IF ANY DEU L IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO R ALONG WITH FORM PAM 3. RETAIN P VIST PERMIT. PAGES TAND 2 SHOULD BE, HYGIENE, DIVISION OF VITA RECORD E. EMOVAL.	USUA 13a S1		IF IN NURSING HOME COUN		GIVE RESIDENCE	OR TOWN		3d INSIDE CI	TY LIMITS?	13e STRE	ET ADDRES	55	- /	111	7/7	)
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	S. B. G. P. T. P. T. P. J. P. P. J.		18 CAUSE OF	DEATH (Enter an	ly ane cause per I	line far (a), (b	), and (c).)								APE	PROXIMATE	
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	HEAN	AT	190 DATE OF	OPERATION	196 CON		WHICH OPER	ATION WA	S PERFOR	MED?				0.00	20 AI	JTOPSY?	
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07/84 25M	BP	24 FL		or Howar	dir.zo,	d Tox	Ft.	Linco	) In (	Cem.	REC'D. BY	REGISTRA	R REG	GASTRAR'S	SIGNATI	IV.	ici.
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STATE OF MARYLAND

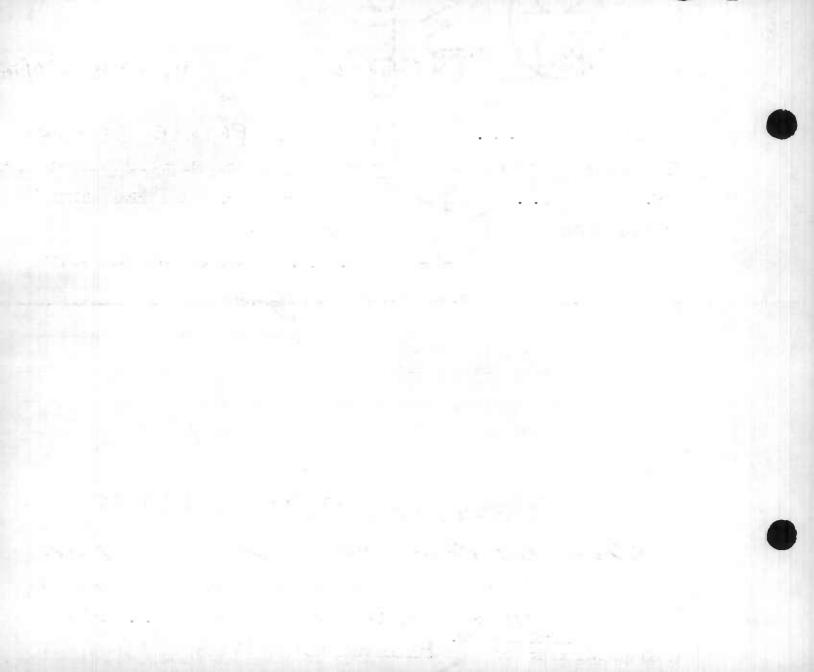
June 13,

STATE OF MARYLAND

1917 67

DHMH - 16 50M 4/83 (VRA 15, 4)

	FOR STATE REGISTRAR		DEPARTM	ENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 5	<b>0</b>	2 8	1 6
1	DECEASED NAME AMOS	105	ADFFION T	AV	TOR DR	6	NONTH DAY	85 (	6.30 PM
6	MALE	4. RACE WHITE			5 3,1909 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	HS DAYS	HOURS MIN.
7	b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	U.S.A.		WIDOW		PRIN	E E	EOR	BERD.
OK	CLINTON	South	LRN Y	nd,	HOSPITAL	120, USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired She		NDUSTRY L Fede	ral Wrec
9	Md.	P.G.	GIVE RESIDENCE BEFORE  136 CITY OR TOWN  CLINTON	admission) V	13d. INSIDE CITY LIMITS?	7833 Dent	on Driv	e 20	735
0	Melton Taylor	WIDDLE	LAST		Lucy R	ay		LAST	
10	WAS DECEASED EVER IN U.S.	ARMED FORCES?	225-01-5		Mr. &Mrs. Rol	bert Poinde		ame as	
	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OF	CL SIIO R AS A CONSEQUE R AS A CONSEQUE	NCE OF	INOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN		ATE INTERVAL
2	I 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING			OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYING	G CAUSES O	S USED F DEATH? NO
11	OR CONTRIBUTING CAUSE O	F DEATH HOUR A.I	M. MONTH DA M.	Y YEAR	21r. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
	AT WORK AT WORK		EET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TO	wn	COUNTY	STATE
	220. I certify that (I) (this h sow the deceased alivabous, (I) (we) (did) (di 22b, SIGNATURE	d not) view the body	190.	5		deoth occurred on the di	FF _		
/	Wm, Ful	est n	0.0		1701 LIVI	nactor R	1. F.t.	Wash	my.
	Burial, CREMATION, REMO  Specify)	1/23/8	5 For		cemetery or crematory ncoln Cemetery				
2	NAME TEER Fune 6633 Old Alexan	ral Home	Inc. ADDRESS	nton	1.4.44	REC'D. BY REGISTRAR	relia David	SSIGNATUI	RE



STATE OF MARYLAND

CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

In Laindron Randose

	T - FOR STATE REGISTRAR			HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO.	12017
γ	I. DECEASED NAME FIRS	ī	MIDDLE	LASI	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ı	(TYPE OR PRINT)	ELEN	E. TAYLO	R	01	15 85 6:15AM
1	1 SEX	4_RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ı	Female	Whit	e May	1. 1936	48 YR	MONTHS DAYS HOURS MIN.
	7a BIRTHPLACE ISTATE OR FOREIGH COUNTRY) Washington, D.C.	100		NEVER MARRIED	PRINCE GEORGE	
1	10 CITY OR TOWN OF DEATH CHEVERLY		HOSPITAL, NURSING HOME CHEACULTY, GIVE STREET ADDRESS) GEORGES GENE		120 USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKIN School Teache	
7	USUAL RESIDENCE (# NURSING HO 130. STATE 13b. C	ME OR OTHER INSTITUTION. COUNTY $P_{\bullet}G_{\bullet}$	GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN Hyattsville	YES NO	136 STREET ADDRESS / ZIP CO 5013 56th. P1	ODE
4	Aurther	MIDDLE	Cline	Bertha	MIDDLE .	Bird
1	60 WAS DECEASED EVER IN U.		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS A	ddress Same as
	NO OR UNKNOWN)	ES, GIVE WAR OR DATES!	217-34-0979	Mr. William	R. Taylor N	o# 13e.  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immedia couse (a), stating the underlying couse last	th (b)	R AS A CONSEQUENCE OF	omatusis nc babast		A JUBANS
		ANT CONDITIONS CO	MYCIN C	MANI O MAY OF	MINAL DISEASE OR CONDITION	GIVEN IN PART Ito
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 COND	ITION FOR WHICH OPERATION	ON WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
		OF DEATH HOUR A.	OF INJURY M. MONTH DAY YEAR M. 19	R	RRED (ENTER NATURE OF INJURY IN ITEM	TS PART T OR PART?)
	OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICAL EXT  21d IN JURY OCCURRED	LAT HOME STI	OF INJURY REET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITACILITY	COUNTY STATE
	27u Scortify (1/b) in this saw of the country (1/b) and (1/b) (1/b	00//	ofter death.	OF CIPEE  ATTENDING PHYSICIAN	death occurred on the date and  MEDICAL STAFF DIRECTOR   PHYSICIAN	hour and from the causes stated
	224. PHYSICIAI S WANG	SYMSS	LERMD	breen	belt mel	20120
	23a BURIAL, CREMATION, REMO	OVAL 236. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
	(SPECHY) Burial			awn Cemetery	Rockville	Montgomery Md.

r. asch's Sons F.H. P.A. Hyattsville, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this centificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove cortex with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or it

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executed

death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the haspital

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directly should be detached for use as the bunal-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours awith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

## STATE OF MARYLAND D

EPARTMENT OF HEALTH AND MENTAL HY	GIENE				75
CERTIFICATE OF DEATH		REG. N	10.		
1.553	I A DATE	OF DEATH	11/02/214	DAN	

I. DECEASED NAME						REG	NO.		
	FIRST	WIDDLE		EAST		20. DATE OF DEATH	MONTH	DAY YEA	IR 2b. HOUR
(TYPE OR PRINT)	ROBERT	R.	TEMPLET	ON		JANUARY	4, 1	985	2:38
3. SEX	4.RAC	E		OF BIRTH		6 AGE (IN YEARS LAS	BRIHDAY}	IF UNDER 1 Y	
Male	W	Mhite	May	11	1920	64	YRS.		AYS HOURS
BIRTHPLACE ISTATE	OR FOREIGN 76 CIT	IZEN OF WHAT COU	INTRY? 8.	DXX NEVER M	ARRIED 🗆	9 BALTIMORE CIT	Y OR COUNT	TY OF DEATH	Н
Virginia		USA	WIDOW	ED DIV	ORCED [	PRINCE GI			
Laurel	/ (IF	AME OF HOSPITAL, I NOT IN SUCH FACILITY, GR EATER LAUE	VE STREET ADDRESS)			120 USUAL OCCUP (TYPE OF WORK FOR MO Business	ST OF WORKING	er Con	Offation HELEVAL
HOUAL RESIDENCE IN	13b COUNTY	NSTITUTION, GIVE RESIDENCE		1134 INSIDE CIT	TY LIMITS?	138.STREET ADDRES	SS / ZIP CO	DE	
Maryland	Howard		-		NO 🗌	7687 Kir			20707
14 FATHER'S NAME	MIDDLE		AST	15 MOTHER'S	MAIDEN NA				LAST
Robert	R.		pleton		nes	Mode		Richa	ardson
160 WAS DECEASED EN		ORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMAN		AD	DRESS	TCL SAIN	ard don
(YES, NO OR UNKNOWN	WW11		3-6001	Hazel 1	I. Tom	oleton-wii	(65	amo ac	130)
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	WAS CAUSED BY:	Card	0.1	onary	Air	+200 t		BETW	TEN UNSET AND DE
	USE IDST					autil fra			I lio
PART 2 OTHER S	IGNIFICANT CONDI		NG TO DEATH BU	T NOT RELATED	TO THE TERM	200 AUTOPSY?	ONDITION G	GIVEN IN PAR (ES, WERE FIN TIFYING CAU	NDINGS USED ISES OF DEATH
PART 2 OTHER S	IGNIFICANT CONDI	TIONS <u>CONTRIBUTION</u>	NG TO DEATH BU	T NOT RELATED	TO THE TERM	200 AUTOPSY?	20b. IF Y	ES, WERE FIN TIFYING CAU YES	NDINGS USED ISES OF DEATH
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DHMH - 16 50M 4/83 (VRA 15, 4)



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		STATE REGISTRAR		CERTIFICATE OF DEATH	250 110	
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56		WITHPLACE (STATE DEFOREGEN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
1		Md.	U.S.A.	WIDOWED DIVORCED	PRIMICE GEORG	MD.
21	10.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
0	11	ANHAM /	(IF NOT IN SUCH FACILITY, GIVE STREET	RDENS NURSING HOD	Retired-Md.	State Gov't.
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		saw the deceased alive a	//25 10		n death occurred on the date and ha	
E		above, (li (we) (did ) (did o	not view the body after death.			
		THE SIGNATURE		DEGREE	MEDICAL STAFF	224 DATESIGNED
		No sten	m 0.00	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/26/85
1	1	724 PHYSICIAN'S NAME (THE	(sergels)	1 12e ADDRESS V	21 01	no I turn
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T AGE	-	Lenry	17.11126	Lasse	John, Fred	
	126	BURIAL CREMATION, REMOVA	/- /	NAME OF CEMETERY OR CREMATORY	CITY OF TOWN	COUNTY / STATE
		/	1/31/85 3	MERED HEART CHTH. C.	4. Bowie, P.	G. NA.
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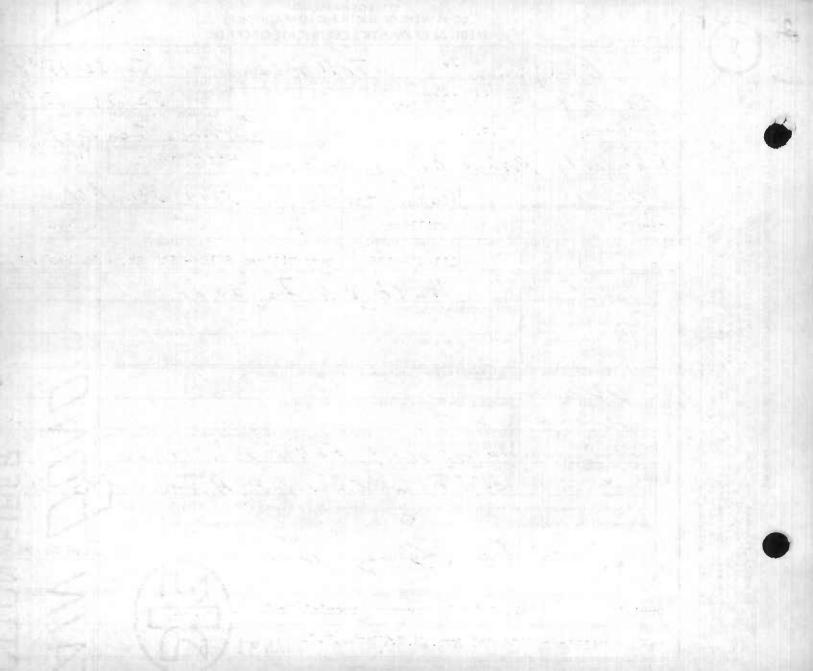
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RE, MD	PAN 1	/	HER'S NAME FIRST 1ph		WIDDLE	Thorne		Bernic		AIDDLE	Pay	ne
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	BP	C	rial, CREMATION, R CIFY) Crematio	100	_/5/85	Cedar 1		Cremator	-	tland	PG	MD"
	DHMH - 17 (VR A15 ME (5))		VERAL DIRECTOR IAMEROBERT Funera			4308 Sui Suitlan	tland	Rd JAN 1	REC'D. BY REGIS	10 2.	STRAR'S SIGNA	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE . DECEASED NAME 20. DATE KNOWN DE MONTH (TYPE OR PRINT) ESTI F. DEATH MATED AGE (IN YEARS . SEX UNDER 24 HRS DATE AST BIRTHDAY PRONOUNCED 1944 May 14 DEAD To BIRTHPLACE (STATE OR BALTIMORE CITY OR MARRIED NEVER MARRIED Washington, D.C. U.S.A. WIDOWED [ DIVORCED 18. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK N/A Self Employed 136 COUNTY 30 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Joseph FIRST MIDDLE Tillman Hunter Mary 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS IYES NO OR UNKNOWN! (IF YES, GIVE WAR OR DATES) Mary Tillman 5819 - 5th St., N.W., Wash., D.C 231-48-4126 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES L. TO THE STANDID BE EDEPARTMENT 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21e PLAGE OF INJURY WHILE AT WORK TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATION
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE
BALTIMORE, MARKLAND 22a I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE DEn 21198 SIGNATUR SNAME TYPE OR PRINT ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Feb. 1,1985 Burial Harmony Memorial Park Landover, Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Vann & Williams, 4804 Gares Ave., N.W., Wash., D.C. **DHMH - 17** (VR A15 ME (5))



STATE OF MARYLAND

A THE SECOND CONTRACTOR OF THE SECOND CONTRACT COLUMN TARREST TARREST TO A SECURIT OF THE SECURIT OF THE SECURITY OF THE SECU MARINE COMPANY STATE OF THE STA

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funitivity is should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 should be filled with TR has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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with the State crept of the ST is marked or time 15 theses

DHMH - 16 50M 4/83 (VRA 15, 4)

	FOR	
-	STATE	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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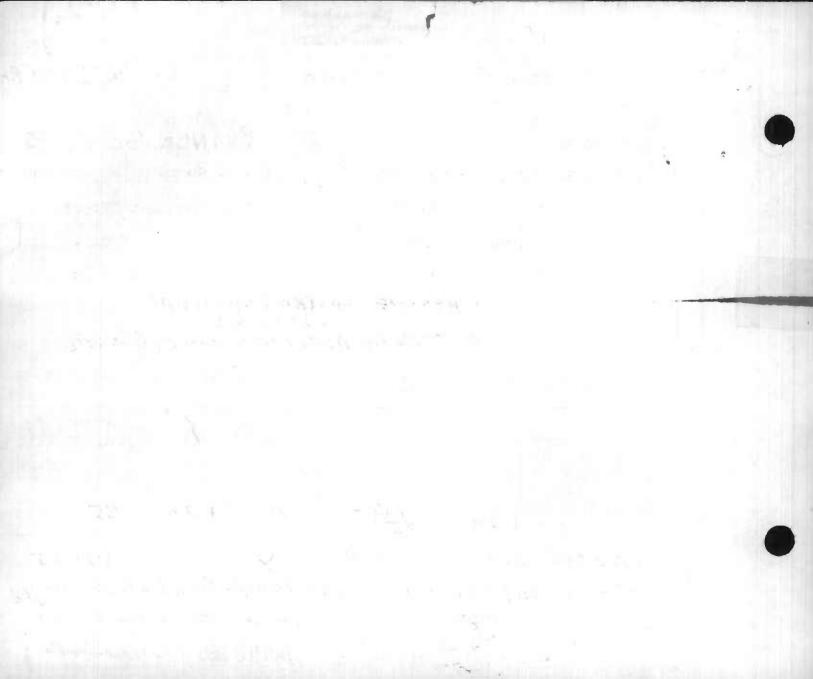
11.	- STATE REGISTRAR		CERTII	ICATE OF DEATH	REG. I	٧٥.		
	CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONIH	DAY YEAR	2b. HOUR
1	MARY	$M_{ullet}$	TOWNE	IND	JAN.	14,	1985	12:55B
3. SE	X	4 RACE	5. DATE		6. AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	FEMALE	WHITE	SEP		74	YRS		HOURS MIN.
7a. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT C	OUNTRY2 8		9 BALTIMORE CITY			
	SCOTLAND	U.S.A.	WIDOW	D XX NEVER MARRIED	PRINC	CE GE	ORGE'S C	O. MD
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME		120 USUAL OCCUPA	TION	12b. KIND (	OF BUSINESS OR
	CHEVERLY /	PRINCE GI	GIVE STREET ADDRESS) EORGES HOS	P'T.	RET . SECRE	CARY	ACCT. GA	COLLEG
USU	AL RESIDENCE HE NURSING YOME O	ROTHER INSTITUTION, GIVE RESID			13e STREET ADDRESS			
138	Md. P.G		NHAM	YES XX NO				RD. 20706
14. F.	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME			
	JOHN	MIDDLE	HANAN	ELIZABET	MIDDLE		McDONAL	
	WAS DECEASED EVER IN U.S. A		CIAL SECURITY NO.	17. INFORMANT	ADD	RESS	TACD OTITAL	10
	NO (# YES, GI	VE WAR OR DATES) 577.	48-9160	HARRY T. TOW	NEND S	AME	AS ITEM	#13
=	18 CAUSE OF DEATH (Enter o	16-1-				0	APPRO	CIMATE INTERVAL ONSET AND DEATH
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	IMMEDIA	TE CAUSE (a)		^	0			
	C 101 11 11 11 11 11	DUE TO, OR AS A C	ONSEQUENCE OF	I amil	allow	~		
	Conditions, if any, which gave rise to immediate	(b)	000 14		1000			
	couse (a), stating the underlying cause last	DUE TO, OR OAC	ONSEQUENCE OF	utant.	bleod	end	4	
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Ě					YES NOD		YES	NO [
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	OR CONTRIBUTING CAUSE OF DE	AIH	NTH DAY YEAR	Woel o	of ct	Lol		
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	saw the deceased alive of			nd that in (my) (aur) apinion	death accurred an the	date and h		
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	CREMATION	1-15-1985	CHAMBE	RS CREMATORY	RIVERD	ALE.	P.G.C.	Md.
24 F	UNERAL DIRECTOR	, -, -, -,			TE REC'D. BY REGISTRA			
W	. W. CHAMBERS C	0.	RIVERDA	LE. Md. A.	0.1095 . S.A.	K 0	70.70.7	9/ 1

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED IF UNDER TYR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD YRS & BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY ES 1, 2, AND 3 TO THE FUN-1 PM 3. RETAIN PAGE 5 FC AND 2 SHOULD BE FILED, WITH PAUTAL RECORDS, 201 W. PRE DIVORCED WIDOWED! 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFET ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE T3d. INSIDE CITY HANTS? 13e STREET ADDRESS 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. T. PAGES 1. DIVISION (YES, NO, OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALIJMORE, MARYLAND, 21201 PRIPAR, TO BURIFICATE. 28 AUTOPSY? NO L YES [] 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described obove, held an Autopsy and in my apinian Inquiry death resulted from: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER TYPE OR PRINT **ADDRESS** 230 BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR' 23d LOCATION STATE BP. 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE 25a. DATE REC'D. BY REGISTRAR DHMH - 17 (VR A15 ME (5) K. M. W TAND O MOOF

20M 4/82

STATE OF MARYLAND



W	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 0	2328
		CEASED NAME FIRST	MIDDLE	Į2A3	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
	TITPE	Marguerite I	Rarhara	Ulmschneider	January 30,	1985 4:10 Am
	3 SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 HRS. MONTHS DAYS HOURS MIN.
11	Fe	emale	Caucasian	June 1, 1920 YEAR	64 yrs	
A of		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUN	
1/6	R	node Island	U.S.A.	WIDOWED DIVORCED	D	's County, MD.
107	V	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION TADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12h, KIND OF BUSINESS OR
4		Linton AL RESIDÈNCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO		TOOKKEEPEL	Tiputance Compan
25	M		e George s Clint	on Yextex No □	136.STREET ADDRESS / ZIP CO 8101 Woodyard	Road (20735)
160	V	ominick Gallant	MIDDLE LAST	15 MOTHER'S MAIDEN N	Cavanaugh	LAST
3/		VAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	ADDRESS	
1	10	N/A	039 <b>–1</b> 6	-6027 Otto E. Uli	mschneider - Sam	ne As #13 A-E
7.1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (a), (b), a	TIC OVARIANICA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, a						
ol, cremation of a contract		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T			
to burial, crematility, or other train	No	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE (c)		MINAL DISEASE OR CONDITION C	GIVEN IN PART 110
and prior to burial, crematic aways rejury, or other trai	TIFICATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	JENCE OF	20g AUTOPSY? 20b. IF Y	GIVEN IN PART TO  YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{NO} \)
and 18 shaws any injury, or other train	AL CERT	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE THE CONDITION FOR WHICE THE CONDITION FOR WHICE	JENCE OF  DEATH BUT NOT RELATED TO THE TER  H OPERATION WAS PERFORMED  211. HOW INJURY OCCU	20g AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
and Mental Hygene prior to burial, crematiti Ned or Item 18 show, pny mjury, at other train	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFIC ANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILIFETIMER. NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE THE CONDITION FOR WHICE THE CONDITION FOR WHICE	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED  211c. HOW INJURY OCCU 211 LOCATION	20a AUTOPSY?   20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
Dept. of Health and Mental Hygene-prior to Burial, cremating	AL CERT	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFIC ANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETIMER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED  WHILE AT WORK AT WORK  22a. Leertify that (I) (This hosp sow the deceased alive o sow the deceased alive o	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE THE CONDITION FOR WHICE CONDITION CONTRIBUTION	DEATH BUT NOT RELATED TO THE TER  H OPERATION WAS PERFORMED  DAY YEAR  19  211. HOW INJURY OCCU  STREET	200 AUTOPSY? 20b. IF Y YES NO NO NO CERTER NATURE OF INJURY IN TEM IS CITY OR TOWN	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO S B PART 1 OR PART 2)  COUNTY STATE

DHMH - 16 50M 4/83

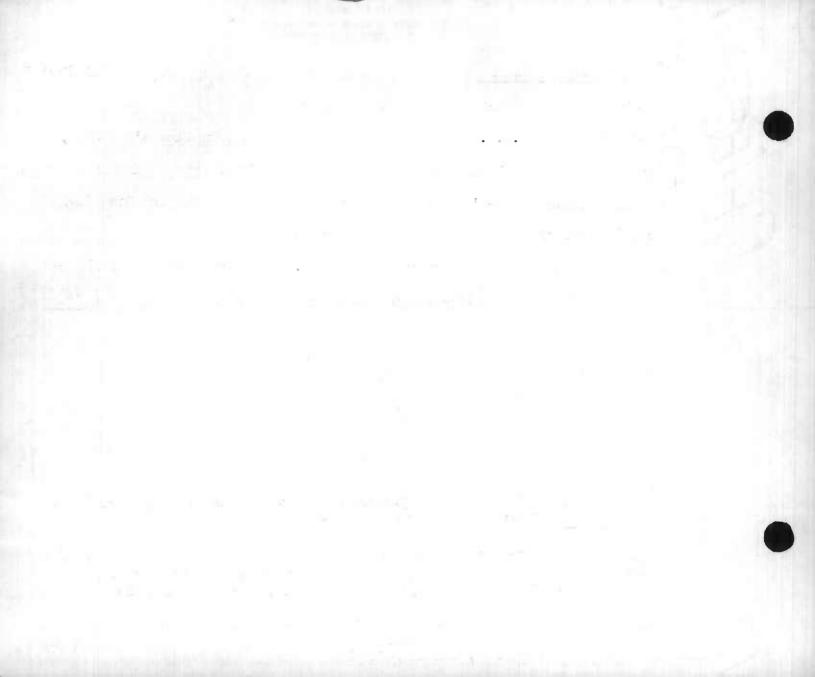
BP\_\_\_\_\_\_Burial February 2, 1985 Resurrect:

AH - 16 50M 4/83

(VRA 15, 4) 6633

Old Alexander Ferry Road, Clinton, Maryland

BY REGISTRAR 256, REGISTRAR'S SIGNATURE



page 3

STATE OF MARYLAND

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2829

1	FOR STATE REGISTRAR		DEPARTI		IEALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	10.	24. (	the state of
	DECEASED NAME FIRST		MIDDLE		IASI	20 DATE OF DEATH		AY YEAR	2b HOUR
(1)	Henr	y	Albert	U1	rich	January 2	1, 198	5	9:30Pam
3 5	SEX	4 RACE		5. DATE		6 AGE (IN YEARS LAST BE	RTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS
	Male	White	•	Oct	ober 11, 1903	81	YRS.	ONTHS DATS	HOURS MIN.
١.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Maryland	U.S.		WIDOWI		Prince Ge			
	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN THEACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12h KIND C	F BUSINESS OR
2	Cheverly				ral Hospital	Cleaning		Self-	Employed
US 13e	UAL RESIDENCE (IF NURSING HOME OF STATE 13% COL		13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
		P.G.	Landove	r_Hil			anan S	treet	20784
14	FATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	1
_	<u>v</u>	Albert	Ulrich		Victoria			Cante	
	(YES, NO OR UNKNOWN) (IF YES O	RMED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDR			on Drive
1	No		221-01-2	2002	Henry A. Ulr	rich, Jr.	Sil.	Spg.	Md. 20910
VIION	PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNI	CONDITIONS CO	R AS ACONSEQUI CALLEGER DNIRIBUTING TO VELLE G	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON		N IN PART 1:	
CERTIFICATION	THE DATE OF OPERATION	198 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	YES NO		ING CAUSES	
	0.000.000.000.000.000	EATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM 18 PA	RT I OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE 6	ARM ETC )	21f LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
	22a. I certify that (I) (this has sow the deceased olive a above (I) (we) (did (did r			5.0	nd that in (my) (our) aprilian d	eoth occurred on the d	late and hour		tha (we) lost couses stated
	226 PHYSICIAN'S NAME GYPE	(A)	AME		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [	Janu	ary 22,1
		OR PRINT)			116 ADDRESS				
	Robert D. Dei	itz, M.D.			7500 Hanover	Parkway -	Green	belt,	Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

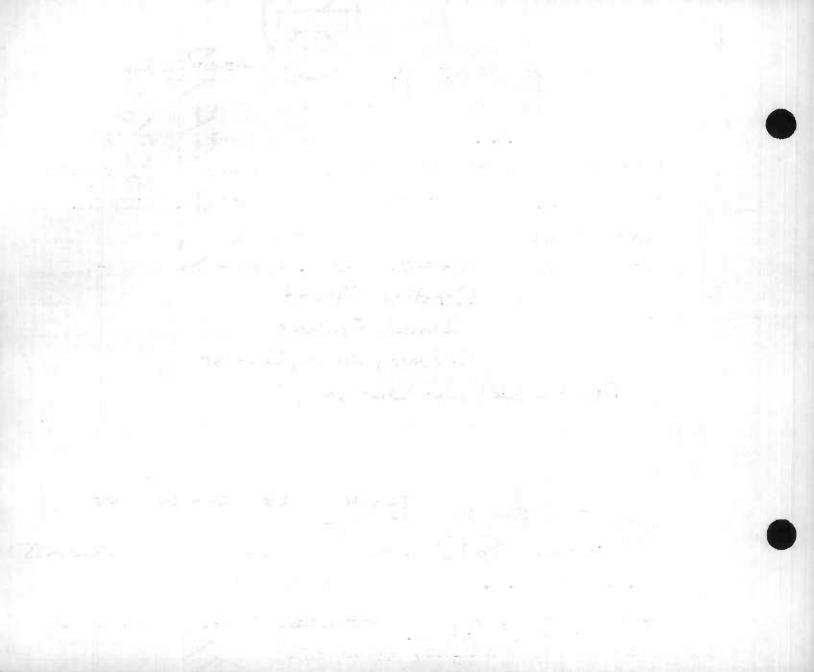
BP.

January 21, 1995 01:50m.	1 7 7 C	Auto I	e P g	Tier .
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Trince descripts County	X 1		.E.n ===1	banker
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7111 mehamu Street 20781	z nili	Tanging T		-hastwa-
Canter 2702 Colutes Drive Ich, dr. Sil. Sag. 26, 2001		Plantin CON-17-100	÷4 = (, ₹	sume,
			9	
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and the Authority

DIVISION OF VITAL RECORDS

STATE OF MARYLAND



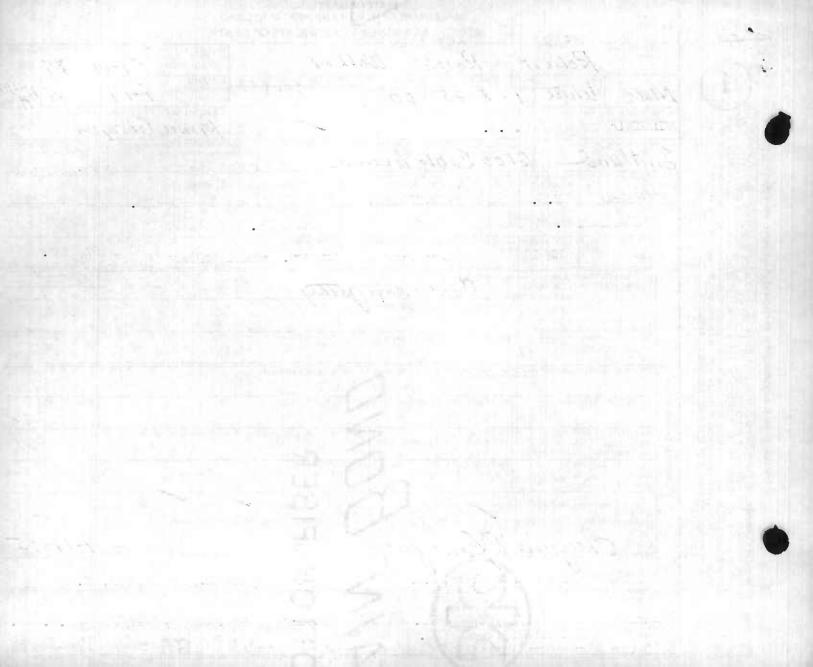
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF anscoten DEATH MATED 4. RACE 6. AGE (IN YEARS IF UNDER ) YR. IF UNDER 24 HRS DATE RONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania USA DIVORCED 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION SCHOOL Dietician Maryland 132 STEE ADERESS OF Place, 20748 15. MOTHER'S MAIDEN NAME MIDOLE MIDDLE Everett Matilda Harry Roan 17 INFORMANT (Daughter) ADDRESS 166 SOCIAL SECURITY NO. NO (YES, NO, OR UNKNOWN) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Anne M. Garlenski, Same as line 13 207-07-0995 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause perfile for (a), (b), and (c). Herrosclustic cardismorular disease PART I DEATH WAS CAUSED BY: ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, AL CREMATION, OR REMOVAL. IMMEDIATE CAUSE OX DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHITO FUNERAL DIRECTOR; PAGE 3 SHOULD BE UNAFTER DEATH WITH THE STATE DEPARTMENT OF SHALLOWE, MARYLAND, 21201 PRIOR TO BURILIMORE, MARYLAND, 21201 PRIOR TO BURILIMORE. NO D 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM ETC 1 CITY OR TOWN COUNTY WHILE AT WORK 228 I certify that I took charge of the remains described above, held an Autopsy Inspection Suicide Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct., Temple Hills, Md. Rodriguez. 234 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial Brisbin, Clearfield, Pa. 2-2-1985 Legion Cemetery BP 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 Huntt Funeral Home, Waldorf, Maryland (VR A15 ME (5)) 20M 4/82

Time Line File Hills State Flace, 22798 .T.Ttal \_ bmclgmat H. Sen I Harilda Everate (Pauchter) - Everate State of Line 13 mustal . I detailed ton delerous chicota, licurities, id. Appending the service of the service

X	1	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	SIENE 8 5 0	2 3 3 2		
167	- STATE REGISTRAR			CERTIFICATE OF DEATH	REG. NO.	A.M.		
		EASED NAME FIRST	MIDDLE	(AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
1 (11)		GEORGE	JOSEPH	10161	0 1	+2 85 6 Th		
0 (4)	1. SEX		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.		
1		MALE	WHITC	MONTH 22 43	XXXX 91 YRS			
169	B1	Halo NY	U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE CS	ENCGES MD.		
190	18 0	YHISVILLE I	NAME OF HOSPITAL, NURSII	ADDRESS) MANO	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING MANTENANG	USE INDUSTRY U.S. OR INDUSTRY DEPT		
The state of the	13a S			VN_ , 113d INSIDE CITY LIMITS?	134 STREET ANNESS & ZIP CON 7051 CARROLL	)E		
1 11/82	A.F.	THER'S NAME	IDDLE VOIC	15 MOTHER'S MAIDEN NA FIRST MARGARET	WE	WHITMAN CAR STANKE		
1	16a V	VAS DECEASED EVER IN U.S. ARM	VAR OF DATES)	URITY NO. IMPORMANT	ADDRESS	AS 13 WIFE		
N. ATENDANG PHYSICIAN. The law requires that the death certificate be heaped or attending physician.  SECTOR. After this sentilicate has been varied by the attending physician had far use as the buried-transit permit. Then please remove contemplables. Fight of Health and Meetal Hagens prior to buried, cremation, or removal.  There is a contemplating servery and other transmotic event, them here 21 is marked as them 18 shopes any injury, or other transmotic event, them	<u> </u>	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), ar		54	BETWEEN ONSET AND GEATH		
	85	IMMEDIATE	DUE TO, OR AS & CONSEQU	ENCE OF 1	1. 1/4 1 0	1 minute		
		Conditions, if any, which gave rise to immediate	1 BARTEri	bsclerotic CAra	710-UASCULATU	wased 5 years		
		course can stating the underlying course last	Due to, or as a conseque	GTU HEHAT	FAIlure	1 year		
	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART 1 a		
	MEDICAL CERTIFICAT	Ne DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH?  YES \( \sigma \) NO \( \sigma \)		
		THE ACCOUNT WAS UNDERLYING OF DEATH OF DEATH OF DEATH OF THE THE PROPERTY MEDICAL EXAMINERS.	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART 2)		
		ZIM MAJURY OCCURRED	216 PLACE OF INJURY LAT HOME, STREET FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE		
		The Certify that (I) (I)						
		abave, (1) (me (did) (did not) view the body after death.  271. DATE SIGNED						
PITAL 15 PETAL 15 PET		THE PHYSICIAN THAME (TYPE OR	Statuck MA ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1-22-84					
O HOS Promoted TO Fur.		George B.	YATRICK, JA	MD 9221 Cole	sville Kdy Silver	r spring, md.		
BP	23a. B	BURIAL CHEMATION REMOVAL		NAME OF CEMETERY OR CREMATORY  BATE OF HEAVEN	SILVER SPRING	MONT STATE MD.		
DHMH - 16 60M 7/84			ANCIS J. COLLIN	IS 25a DAT	E REC'D. BY REGISTRAR 256 REGIS	PRAR'S SIGNATURANCE		
(VRA 15, 4)	50	O UNIV. BLVD. W	SILVER SPRING, N	1D. 20901 JA	N 2 8 1985			

27 - 71 Control of the Contro Line of the state of the state

1.	DEPARTMEN	STATE OF MARYLAND T OF HEALTH AND MENTAL HYGIEND	02333
1-		MINER'S CERTIFICATE OF DEATH	G. NO.
	ASED NAME ROBERT PATIBLE WAI	Ze. DATE KNOW	VN MONTH DAY YEAR 26 HC
	Nobert Kolph	Walker OF ESTI-	11/610
1 SE	MONTH DAY YEAR LAS	EE (IN YEARS   IF UNDER T YR.   IF UNDER 24 HRS.   21. DATE OF BRITHDAY   MONTHS DAYS HOURS MIN.   PRONOUNCED DEAD	1-19 1985 194
	THELACE (STATEOR 76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED   NEVER MARRIED   9. BANIMORE C	CITY OR COUNTY OF DEATH
10. C	OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION FOR MOST OF WORKING LIF	
<i>O</i>	RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSIONI CONTRACTOR	CONSTRUCTION
Ja S	ATE 136. COUNTY 13c. CITY OR TO	OWN 13d. INSIDE (11) LIMITS? 13e. STREET ADDRESS	
	RYLAND P.G. MORNING	SIDE YES NO W 6100 EVA	AVE.
	CLARENCE E. WALKER	ARSIE M. ROBERTSON	LAST
6a \	AS DECEASED EVER IN U.S. ARMED FORCES?  LESOR UNKNOWN) (IF YEAR TO DATES)  231–12–	ECURITY NO. 17 INFORMANT ADE	6100 Cable Ave.
	B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and	(c).)	Suitland Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Carche	neys Nathy	20746 BETWEET CHISCI ST-D DE
	DUE TO, OR AS A CONSEQU	ENCE OF	
	Canditians, if any, which gave rise to immediate (b)		
	cause (a) stating the <u>under-</u> lying cause last.  DUE TO, OR AS A CONSEOU	ENCE OF	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TRANSPORT OF CANADAM CONTRACTOR	
Z	AND 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE PERMITAL DISEASE OR CONDISION GIVEN IN PART 1 (d).	
CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH	H OPERATION WAS PERFORMED?	20 AUTOPSY?
TIFIC			YES NO E
	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH P.M.	YEAR 19	TEM 18 PART I OR PART 2)
MEDICAL	216 PLACE OF INJURY (AT	HOME. 211 LOCATION	
X	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)	STREET CITY OR TOWN	COUNTY STATE
	220. I certify that I taak charge of the remains	Id an Autapsy . Inspection . Inquiry .	and in my apinian
	death resulted from: Natural causes . Accident .	Suicide , Hamicide . Undetermined manner	
	Au DO	LITLE (SPECIFY)	DATE 1-19-83
	SIGNATURE ALIGNACE I CORNEGA	M.D. Leputy MEDICAL EXAMINER	DATE 1-14-80
	XAMINER'S NAME Augusto P. Rodriguez, M.D.	ADDRESS 5009 Rayburn Ct., Tem	ple Hills. Md.
23a. E		OF CEMETERY OR CREMATORY 23d LOCATION	COUNTY STATE
	urial 1/23/85 Ft	Lincoln Cemetery Brentwood	Maryland P.G. Co.
	LEE FUNERAL HOME INC.	LAN O A MORE	RECTION R'S SIGNATURE
66	3 Old Alexander Ferry Road Clir	nton, Maryland 20738AN 24 198	gune wavidson-fandel



TO DECEASED NAME  (TYPE OR PRINT)  TO DECEASED NAME  TO	WANIVALL  OF ESTI- DEATH MATED
Cheverly  USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE TO THE COUNTY MILE STATE SHOPE PROPERTY MILE SHOPE PROPERTY MILE STATE SHOPE PROPERTY MILE SHOPE PROPERTY M	VEAR    6. AGE (IN YEARS   FUNDER 1 YR   IF UNDER 24 HRS   120 DATE   MONTHS   DAYS   HOURS   MIN   PRONOUNCED   19 5 4 HOURS   MIN   MARRIED   NEVER
Cheverly  USUAL RESIDENCE (# IN NURSING HOME ON OTHER INSTITUTION, GIVE RESIDENCE (BY IN NURSING HOME ON OTHER INSTITUTION, GIVE RESIDENCE (BY IN NURSING HOME ON OTHER INSTITUTION, GIVE RESIDENCE (BY IN NURSING HOME ON OTHER INSTITUTION, GIVE RESIDENCE (BY IN NURSING HOME ON OTHER INSTITUTION, GIVE RESIDENCE (BY IN NURSING HOME ON OTHER INSTITUTION, GIVE RESIDENCE (BY IN NURSING HOME ON OTHER INSTITUTION, GIVE RESIDENCE (BY IN NURSING HOME ON OTHER INSTITUTION, GIVE RESIDENCE (BY IN NURSING HOME)  14. FATHER'S NAME (IN NURSING HOME ON OTHER INSTITUTION, GIVE RESIDENCE (BY IN NURSING HOME)  15. CAUSE OF DEATH (Enter only one cause per life for (a), PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (BY IN NURSING HOME)  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (IN YES, NO. OR UNKNOWN)  18. CAUSE OF DEATH (Enter only one cause per life for (a), PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE OF DEATH (Enter only one cause per life for (a), PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (BY IN NURSING HOME)  18. CAUSE OF DEATH (Enter only one cause per life for (a), PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (BY IN NURSING HOME)  19. CAUSE OF DEATH (Enter only one cause per life for (a), PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (BY IN NURSING HOME)  19. CAUSE OF DEATH (Enter only one cause per life for (a), PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (BY IN NURSING HOME)  19. CAUSE OF DEATH (BY IN NURSING HOME)  19. CONDITION FOR THE COUNTY HOME IN NURSING HOME IN NURSI	COUNTRY?    B MARRIED   NEVER MOST OF WORKING LIFE)   NEVER MOST OF WORKING LIFE)   NO LIVE CREATER ADDRESS   NO LIVE CITY OR TOWN   NO LIVE MISSION   NO LIVE M
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220 I certify that I took charge of the remains described of death resulted from: Natural causes Accident ACTUAL ACTUAL ACTUAL	
27a   Certify that I took charge of the remains described of death resulted from: Natural causes Accident ACTUAL	NJURY (AT HOME, 211 LOCATION STREET CITY OF TOWN COUNTY STA
	cident , Suicide , Homicide , Undetermined monner ,
EXAMINER'S NAME	M.D.Deputy MEDICAL EXAMINER DATE 1-19-82
SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  AUGUSTO P. Rodriguez  236 BURIAL, CREMATION, REMOVAL 236 DATE  236 BURIAL, CREMATION, REMOVAL 236 DATE  237 BURIAL, CREMATION, REMOVAL 237 DATE  238 BURIAL, CREMATION, REMOVAL 238 DATE  238 BURIAL, CREMATION, REMOVAL 238 DATE	
Burial 1-24-85	ADDRESS 5009 Rayburn Ct., Temple Hills, Md.  23d. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem.  Pr. Geo. Md.

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FOR

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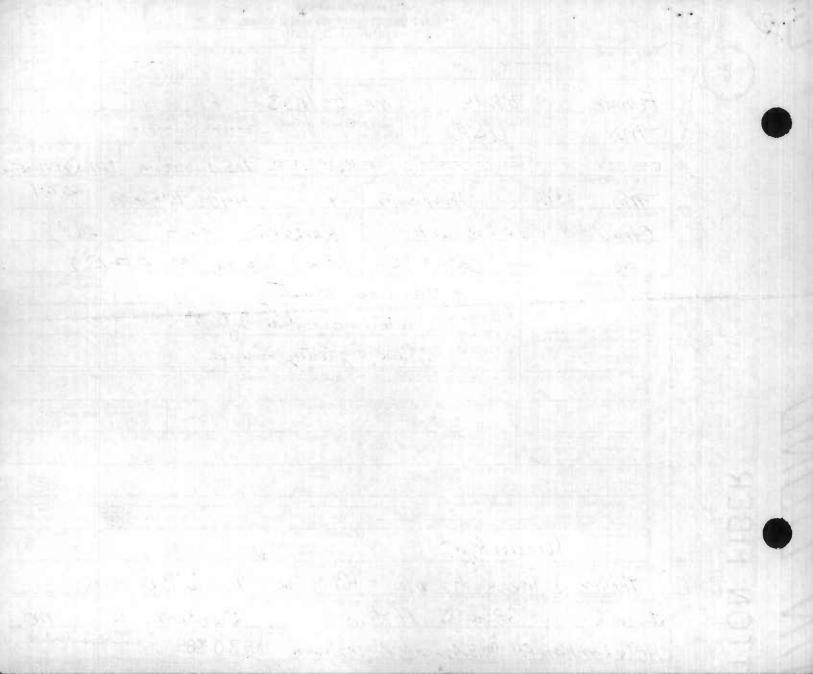
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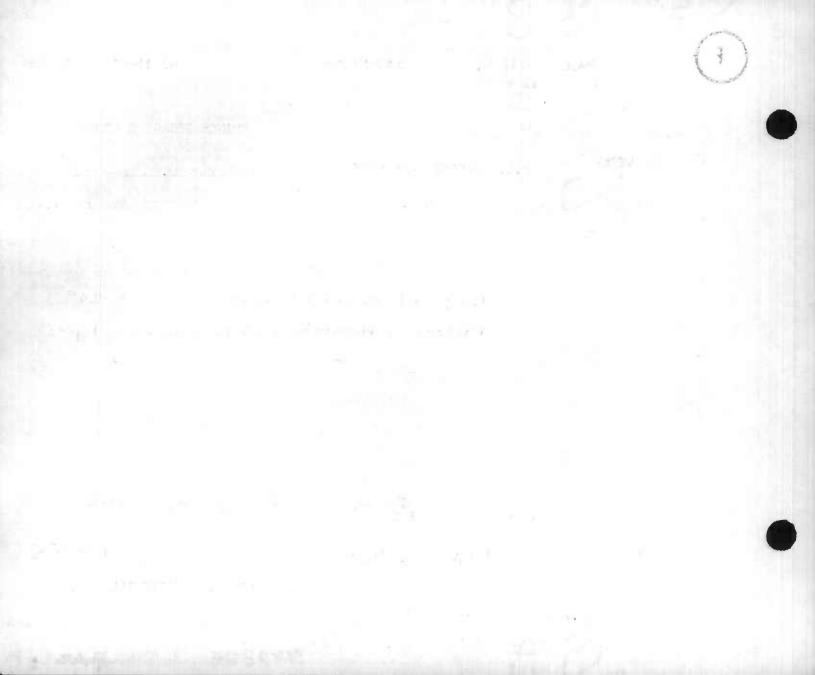
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

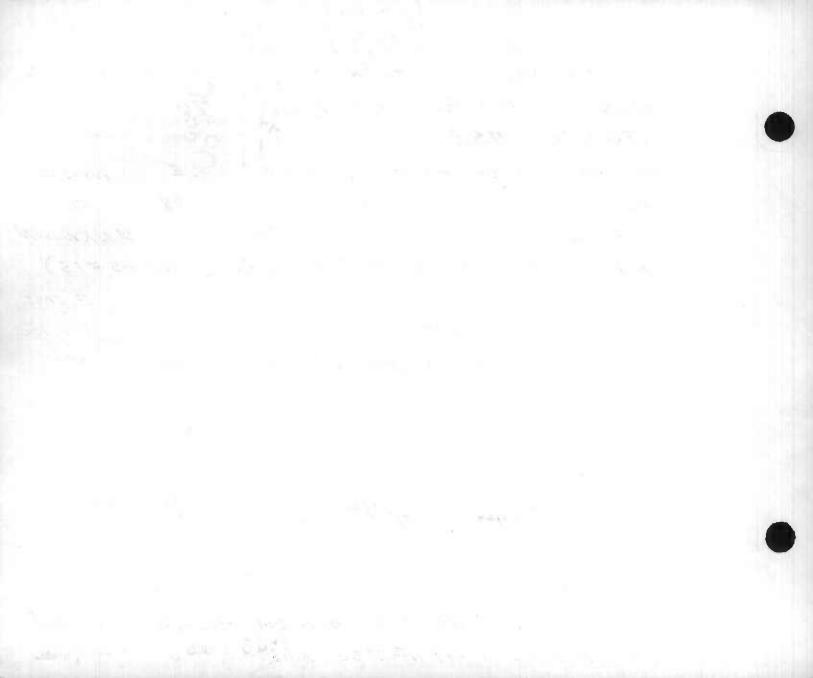




DEPARTMENT OF HEALTH AND MENTAL HYGIENE

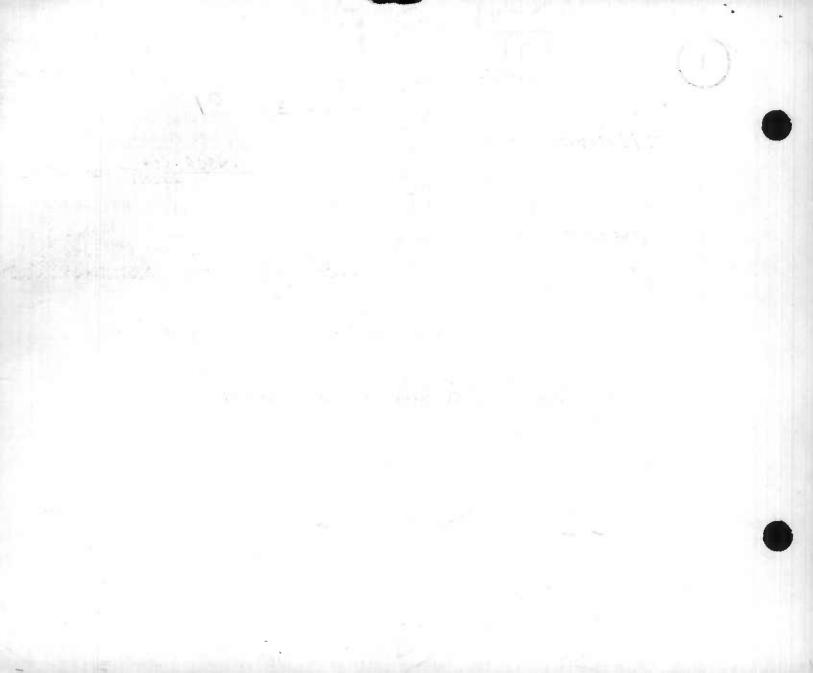
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m			Willi	am M.	Wa	tson					rgare	t Y						
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BALTIMORE		7	No	, , , , , ,	, 0.112					Wil	liam	Wat:	son	Br	and	wir	ne.	Md.
	J W > E	10	18 CAUSE OF	DEATH (Ente	er only on	e couse per line	for (a), (b	), ond (c).)								A	APPROXIMA	TE INTERVAL
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			22a   certif	y that I taok	Rarge of	the remains desi	cribed ape	eve, held on	utap	sy X.	Inspection	□.	Inquiry		and in my			
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	- M - L - K 8	15	IRIAL, CREMAT	ION, REMOV		11/198		NAME OF CE			b.Cem	23d LOC	RTOWN		D co	VI . L		STATE
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	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTAL
STATE	CERTIFICATE OF DEATH

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

HYGIENE

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

the Landson Mondato

	REGISTRAR				CERTI	TEATE OF SEATH	REG. NO	O.		
	CEASED NAME	FIRST	3-11	MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	E OR PRINT)	John		P.	Whe	tzel	January 2	2, 1985	5	5:15p.
3. SE	X		4 RACE			OF BIRTH	& AGE (IN YEARS LAST BIR		F UNDER TYEAR	
	Male		White	В	May	2, 1928 YEAR	56	YRS.	ONTHS DAYS"	HOURS
7a 8	IRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
1 1	Vashington	. D.C.	U.S.A		WIDOW		Prince Geo	rge's	County	y .
	ITY OR TOWN OF D		11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	12h KIND O	DE BUSINESS
4 F	[yattsvill	e		Cheacility, Give Street A			Salesman	F WORKING LIFE)		Potato
	JAL RESIDENCE (IF NO	RSING HOME OR		130. CITY OR TOW		1136 INSIDE CITY LIMITS?	13e STREET ADDRESS	7 IP CODE		
Ma	aryland	P.		Hyattsvi		YES NO	2402 Char		ad 20'	783
14 F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE			6.7
E	rnest		L.	Whetzel		Elizabeth	middle		Tie	rney
	WAS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ss Addr	ess S	
Ye	(YES NO OR UNKNOWN)		WAR OR DATES)	579-30-6	6679	Mrs. Jeanett	e L. Whetze	1 No#	13e.	
	18 CAUSE OF DEA	TH Enter onl	y one couse pe	the for ion(b), and	diceria A				APPRO: BETWEEN	CIMATE INTERVAL
	PART I. DEATH	WAS CAUSE	E CAUSE (o)_	Lardiae		bul grrest				
CERTIFICATION	PART 2 OTHER SIG	SNIFICANT C	(c)_(c)_(ONDITIONS_C	ONTRIBUTING TO E	DEATH BUT	notive lung I NOT RELATED TO THE TERM ON WAS PERFORMED	distance INAL DISEASE OR CON  700 AUTOPSY? YES NOSE	20b IF YES,	WERE FINDI	NGS USED
N N	210. ACCIDENT WAS U		21b. TIME C		AY YEAR	21c. HOW INJURY OCCUR	_ 42	RY IN ITEM 18 PAI	RT I OR PART 2)	
/ 3	OR CONTRIBUTING		in i	.M. MONTH DA	19					
MEDICAL	21d INJURY OCCU		21e PLACE	OF INJURY		211. LOCATION	CITY OR TO	wn	COUNTY	STAT
×	AT WORK AT W	WHILE O	(A) HUME S	TREET FACTORY OFFICE, F	ARM, ETC.)	Jinee	-			
	220. I certify that (saw the decedabove, (I) (we) 22b. SIGNATURE 22b. PHYSICIAN'S h	Mul	New the bad	he deceased from	Jun	nd that in (my) (apinian DEGREE	MEDICAL STAL		22c DATE	that (I) (was causes state SIGNED 23, 198
						8323 Haddon	Drive - Tal	coma Pa	ark. M	arvlar
12-	Smith S.			192. 4	JAME OF		123d LOCATION	Lome 1 c	ar it's Pi	ar y ran
130	BURIAL, CREMATION					cemetery or crematory	CITY OR TOWN		COUNTY	Maryl
	Crem	ation	Janaz	0 1900 PT	a LILE	icoin cremator	v   Brentwoo	a	P.G.	-arvi

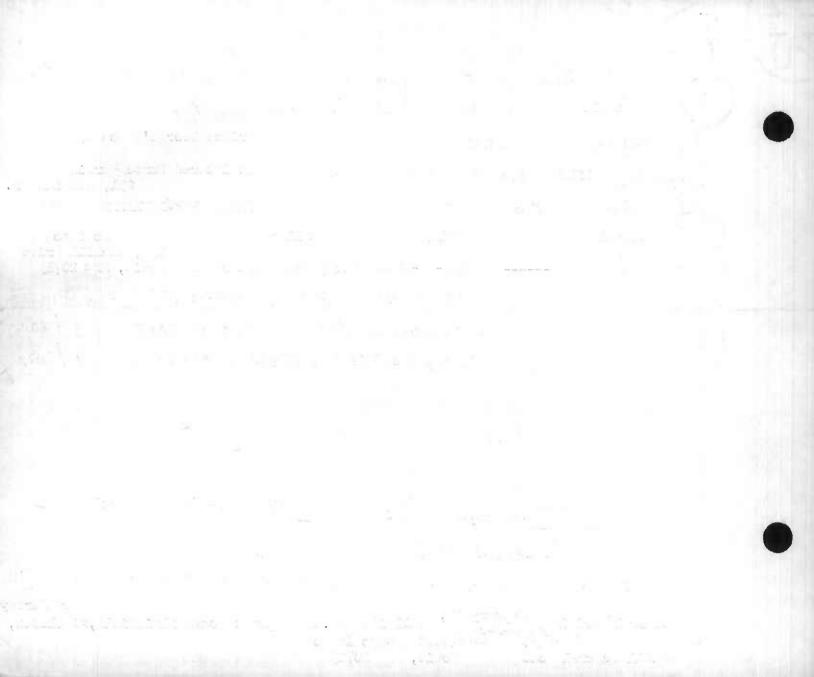
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24 FUNERAL DIRECTOR

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		CEASED NAME	FIRST		WIDDLE	Ĭ.	AST	2a. DATE	OF DEATH	MONTH	CIAY YE	AR 2	b. HOUR
			JAMES		) <b>.</b>	WILI	KERSON			01	19 8	5	4:30A A
)	3. SE	X		4 RACE		5. DATE C		6. AGE (1	N YEARS LAST BIR	RTHDAY)	MONTHS E	-	F UNDER 24 HRS
	1	Male		Black	2		h 21, 1936		48	YRS			TO NO.
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30		Maryland		U.S.A	A.	WIDOWE		PRI	VCE GE	ORGES	COUN	TY	ME
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35	Ma	TRESIDENCE (# NUR.	13b COUN Mon	OTHER INSTITUTION	13c. CITY OR TO	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREE	ADDRESS S	/ ZIP CO	DE 2	190	14
150	M. F.	ATHER'S NAME FIRST  Courtne		MIDDLE	Vilkersc	n	15 MOTHER'S MAIDEN N	IAME	WIDDLE			Jac	ckson
12		VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	16b. SOCIAL SE	CURITY NO.	17 INFORMANT Mr Kenneth	Wilker	ADDRI				st St, l, Md
other traumatic eve		Canditions, if any gave rise to im- cause (a), static underlying cause	, which mediate ng the	(b)_	OR AS A CONSECUTOR AS A CONSECUTOR	QUENCE OF	A Pyrifor	7 31	, ug		8	~0	1
injery, or	NOI	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS C	ONTRIBUTING I	O DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISE	ASE OR CON	IDITION G	IVEN IN PAI	RT 1(a)	
1	RTIPICATION	190 DATE OF OPERA	TION	(010)	.1 0	1	WAS PERFORMED TYJERI MRIJ	200 AU	TOPSY?	IN CERT	ES, WERE FILL IFYING CAU IES	USES O	S USED F DEATH? NO
1/	MEDICAL CERT	21a. ACCIDENT WAS UNION OR CONTRIBUTING (# EITHER NOTIFY MEDI	CAUSE OF DEAT	Р	.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER	NATURE OF INJU	JRY IN ITEM TE	PART I OR PAR	1 2)	
arked or	MED	214 INJURY OCCUR	TILE C	(AT HOME, ST	OF INJURY REET, FACTORY OFFI		211 LOCATION STREET	1	CITY OR TO	OWN	COUNT	Υ	STATE
n 21 is m		saw the deceas above, (1) (wa)	ed alive on	1	1/619	17	d that in (my) (our) apinio	n death occur	red on the d	ate and ha	19 dv	, the	(we) lost uses stated
-		22b. SIGNATURE	17	/- 11	/1		DEGREE ATTENDING	MEDICA	L STA	e c	22c. D	ATE/SK	GNED
0 -		111111111111111111111111111111111111111	1.	W L	1	1	DHYSICIANI	DIRECTO		CIANI D.	/ /	11	7.1076

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR (VRA 15, 4) George R. Snowden

Burial

23a BURIAL, CREMATION, REMOVAL

224 PHYSICIAN'S NAME (TYPE OF PRINT)

1-24-85 Mt Zion Cemetery 246 N Washington St, Rockville, Md

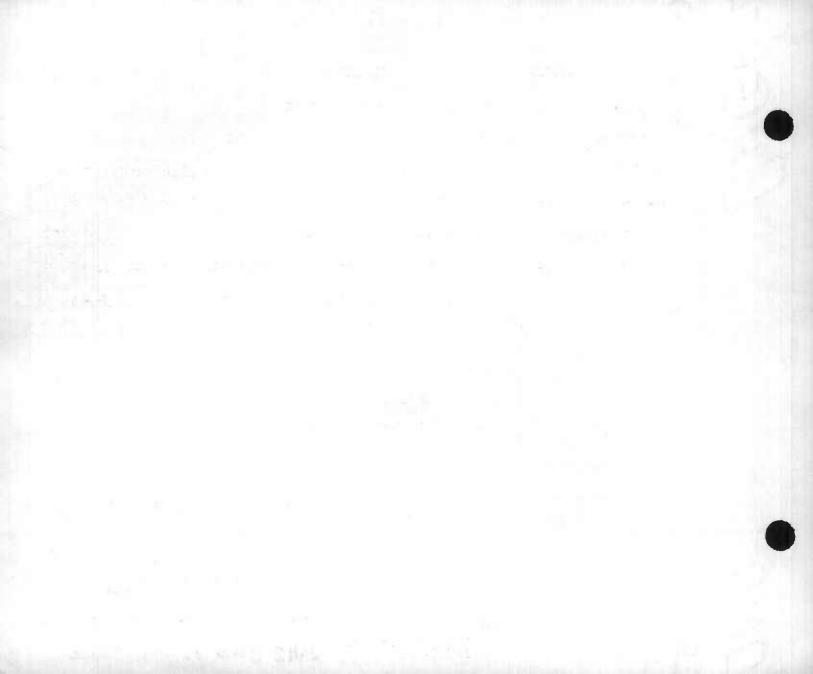
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236 DATE

122 ADDRESS

231 NAME OF CEMETERY OR CREMATORY

Greenbelt Rd, scalrook, me 23d LOCATION
CITY OF TOWN
Laurel, Pr George, Md



DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH 26 HOUR TYPE OR PRINTS January 1,1985 6:35A M Donald. Mackwelsh WILLIAMS 3 SEX 4 RACE 5 DATE OF BIRTH A AGE JIN YEARS LAST BIRTHDAY White MONTH Male Nov. 14, 1906 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED Prince George's Washington, D.C. U.S.A. WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Doctor's Hospital of P.G. Commercial Painter self employed Lanham USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE P.G. Riverdale 5802 Patterson Road 20737 YES X1 Maryland NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Mackwelsh .Tohn Thomas Jones Margaret 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT HE YES GIVE WAR OR DATES 579-05-6273 Genevieve J. Williams same as 13e Yes W.W.1 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for tal, (b), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Bowel Interction Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig CERTIFICATION Cortic 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 12/20/84 Sowel Inforcarion NO NO [ 21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER 21ª PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE 220 I certify that (this haspital) attended the deceased from saw the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OF PRINTI 22e ADDRESS 5700 HARDOVER PKWY- Greenhelt MD. ABOUTE - AFFE, W.D 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE COUNTY Jan. 4.1985 Cedar Hill Cemetery Burial Suitland Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 4739 Baltimore Ave 20781 Francis Gasch's Sons F.H. P.A. Hyattsville, Md.

Tree , 11 . vol 1 1 1 9 annot, annote Hardel Inc. 4, 1905 Color Mill Control Suffland D.C. Mershad

Francis Gasch's Sons Funeral Home, P.A.

739 Baltimore Avenue Hyattsville, Md. 20781

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGRENE

CERTIFICATE OF DEATH

REG. NO

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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## STATE OF MARYLAND DEDARTMENT OF HEALTH AND MENTAL HYPENE

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		CEASED NAME	FIRST		MIDDLE	l	AST		2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
	(IYPE	OR PRINT)	Mari	е	C	Wi	lson		January 18	1985		10:5	5 <b>A</b> M
	3. SEX	× Female		4 RACE White	e	Aug A			AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS	MIN.
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4		ITY OR TOWN OF D  Laurel	EATH	Greater	HOSPITAL, NURSIN H FACILITY, GIVE STREET, Laurel	GHOME C ADDRESS) Belts	ville Hosp	ital	USUAL OCCUPATE (TYPE OF WORK FOR MOST O Reception	E WORKING HEET	IZE KIND O INDUSTRY West	ingh	
6	USU/ 130 S M	AL RESIDENCE IN NO. STATE Laryland	13b COUNTY		Ist. City or tow.	N	13d INSIDE CITY LIM	and a	1009 Mar	zip cope on St	. 20	707	
5	14 FA	George		WIDDLE	Sporer		15. MOTHER'S MAID Cecel	_	E		Fraĥ	lz	
	16a V	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU 212-03-		Viola C	c. C	ADDRE hristense		me as	#13	3
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	23a. 8	BURIAL, CREMATION	REMOVAL a1	1/21,	/85 HG	oly F	Redeemer	Cem	Ba'l'UTino	re Ci	Cy, M	Id. STA	JE
		LECK FIT	NE ZODOT	HOME	INCRESS				REC'D. BY REGISTRAR				

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After should be detached for use as

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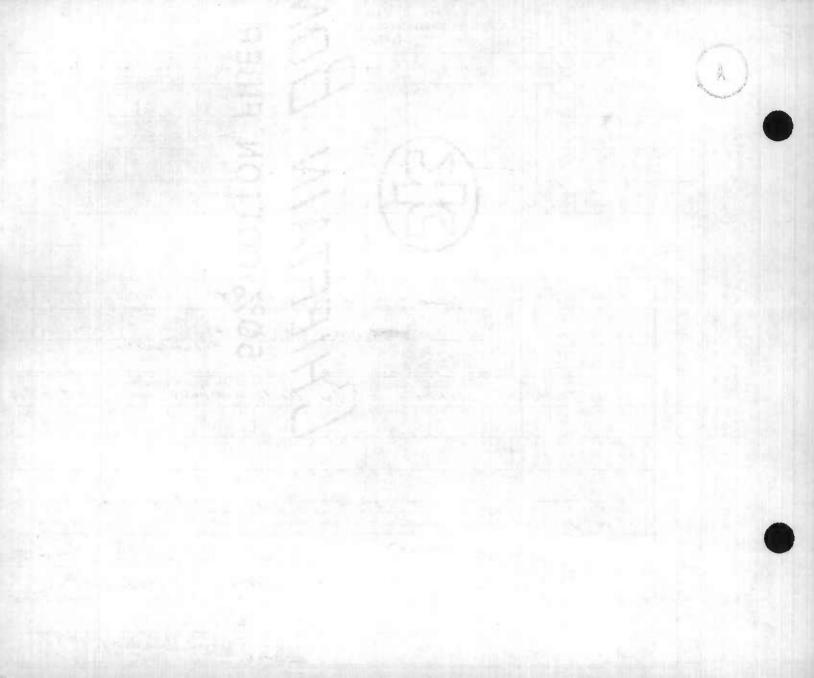


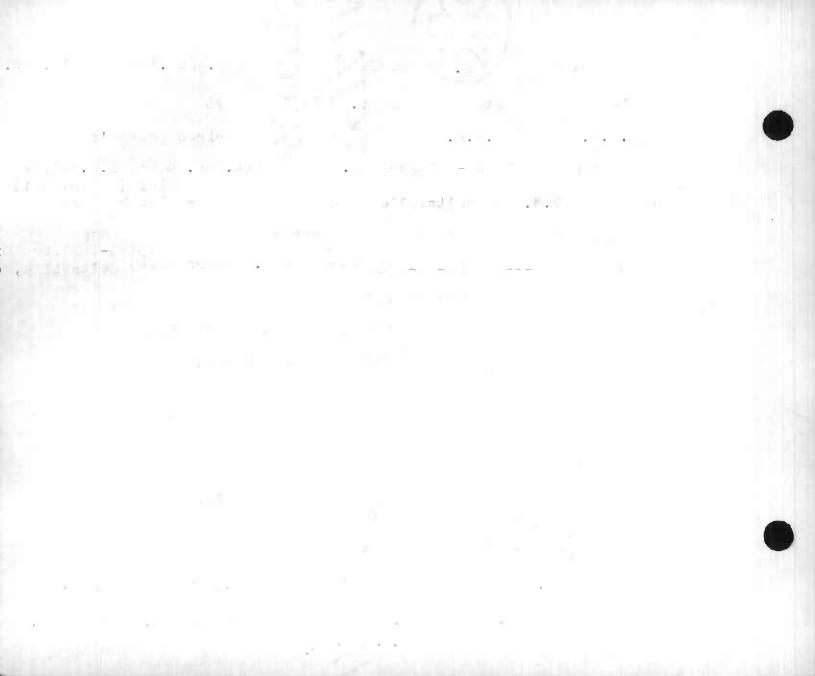
DEPARTMENT OF HEALTH AND MENTAL HYGTENE

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
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3	sex Male	4_ F	White		July July	23, 1906 YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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14	Edgar	WIDE	win	ies LAST	16	Betty Betty	WE	Pom	eroy (AS	51
16	WAS DECEASED ET	VER IN U.S. ARMEI	AR OR DATES)	212 14 2	2419	Elfriede Wine	s same as			
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- Cara			-00				YES NON		TIFYING CAUSES YES	OF DEATH?
	00.000,000,000,000	CAUSE OF DEATH		DE INJURY M. MONTH I	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)	
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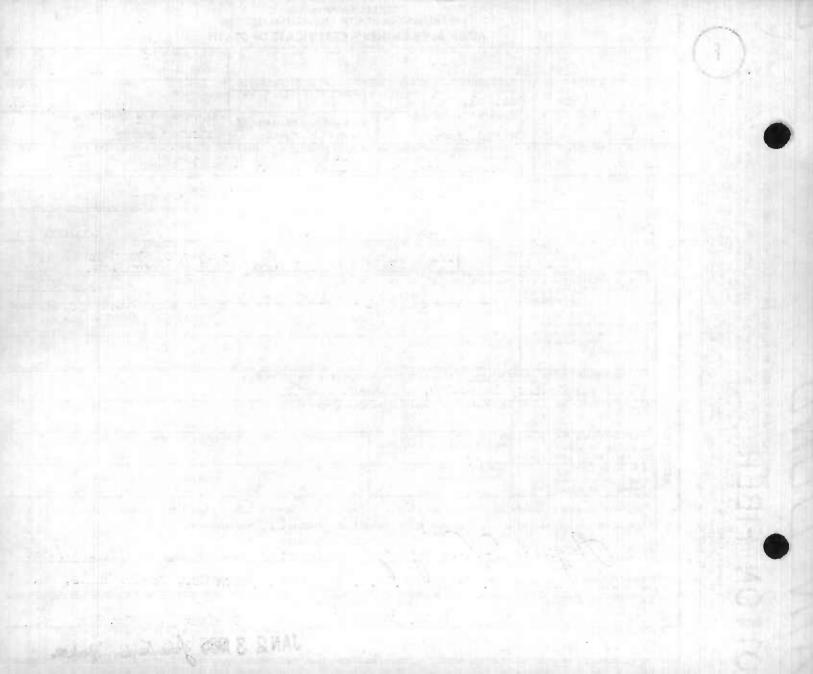
DHMH - 16 60M 7/B4 (VRA 15, 4)

Ponaldson Funeral Home, Laurel, Md

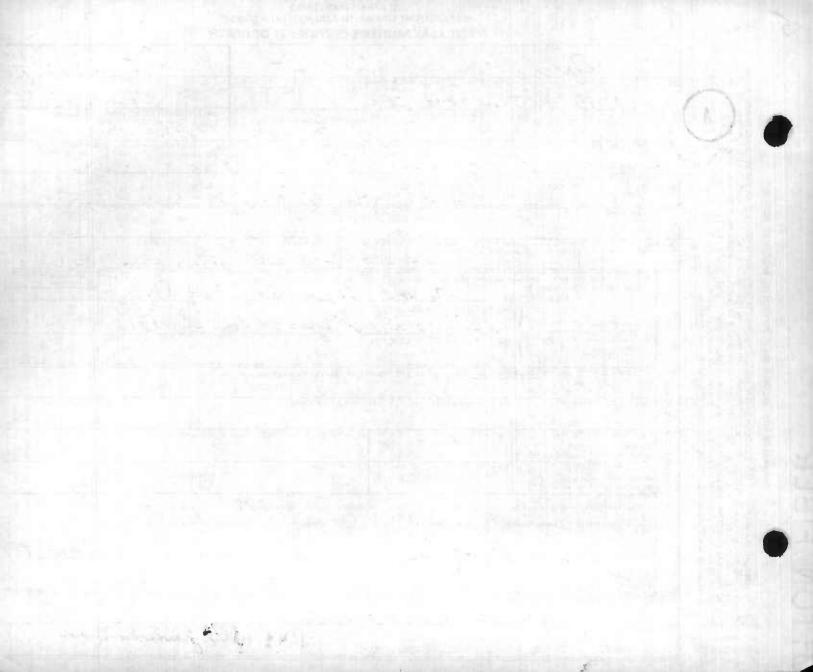


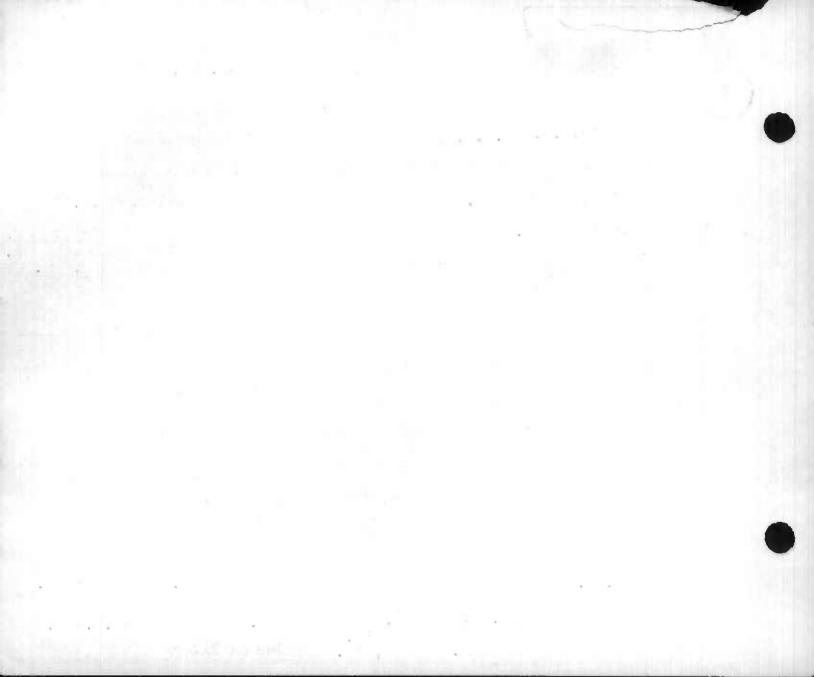


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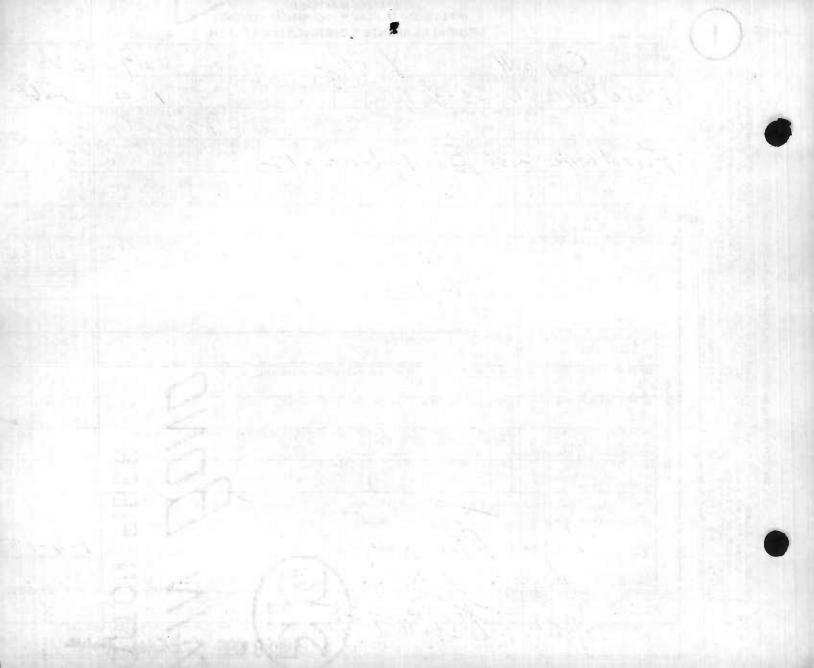


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Gan.	TO MEDICAL EXA EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WIN BALTIMORE, MAR	23a.8t	John  JRIAL, CREMATION, REMOVAL   236 DA	ATE	23c. NAME OF CEM	AETERY OR CRE	RESS 1919 Sem		NER S	IGNED	ng, Md.
999	TO MEDICAL EXACUTE THE CER EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WIN BALTIMORE, MAR	Ē	John  JRIAL, CREMATION, REMOVAL 236 DA PECETO BUTIAL 1/1			AETERY OR CRE	RESS 1919 Sem MATORY 236 tional	ninary R	d. Silv	er Sprin	
999	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BAHTIMORE,	Ē	John  Jeral, Cremation, Removal 23b Da  Veral 1 1/3  John 1/3	15/85	23c. NAME OF CEM	AETERY OR CRE	RESS 1919 Sem	LOCATION CHYORTOWN  Suit1	d. Silv	er Sprin	STATE
999	TO MEDICAL EXAMINE THE CER EXECUTE THE CER PROUD TO FUNERAL DIR TO	24 FU	John  JRIAL, CREMATION, REMOVAL 236 DA PECETO BUTIAL 1/1	ATE 15/85 ADDRESS	23c. NAME OF CEM	ton Na	RESS 1919 Sem MATORY 238 tional 256. DATE RECO	LOCATION CHYORTOWN  Suit1	d. Silv	er Sprin	STATE





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2b. HOUR 20 DATE KNOWN MONTH TTYPE OR PRINTS ESTI-DEATH MATED 6. AGE IN YEARS IF UND IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 46 YRS 9. BALLIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED [ DIVORCED Wash..D.C. 126 KIND OF BUSINESS 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITALANURSING HOME, OF OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Social Service Rep. OR INDUSTRY GIVE STREET ADDRESS AL RESIDENCE UP IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS PRIVE Maryland Suitland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Jeff Young Iola Pope MAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 4250 Suitland, 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) HE YES, GIVE WAR OR DATES) Gregg Yeldell-brother-in-law- Md 577 52 6685 ves 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), ogd (c).) APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Tun low IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO TE 216 EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY JATHOME, If LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 270 I certify that I took charge of the remains described above, held an and in my opinion Inspection death resulted from. A Natural causes Accident Suicide Homicide Undetermined manner TITLE\_(SPECIFY) Deputy DATE TO FUNERAL I MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Ct., Temple Hills, Md. Adgusto P. Rodriguez, M.D. 730 BURIAL, CREMATION, REMOVAL THE DATE 985 incoln Memorial Cemetery Suitland, Md. Burial 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Stewart Benning Road (VR A15 ME (5)) 20M 4/82



2	3	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENT CERTIFICATE OF DEATH  REGISTRAR  REG. NO.										
			CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	AONTH DAY	YEAR 2	HOUR	
	( ni	{TYPE	OR PRINT) MAR	A	V. Z			JANUARY 25	1985		4:30P M	
	V 43	3. SE)	(	4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT			FUNDER 24 HRS	
			FEMALE	CAUCAS	CAUCASIAN		ARY 24,1918	67 YRS		DATS	HOURS MIN.	
	Pog hour		RTHPLACE (STATE OR FOREIGN		76. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DE	ATH		
	n 72	PU	ERTO RICO	U.			DIVORCED	PRINCE GEORGE			MD.	
	e de la company		TY OR TOWN OF DEATH				R OTHER INSTITUTION	12a USUAL OCCUPATIO		126 KIND OF BUSINESS OR INDUSTRY.		
10		Upp	per Marlboro	1081	10813 KNOLL COURT			Salesperson, Seamstress Pvt.				
MARYLAND 2120	24 hour	3n S	AL RESIDENCE (IF NURSING HOM LITATE DAL CO RYLAND PLI	OUNTY CONCE GOO:	136. CITY OR TOW	'N		13e STREET ADDRESS / 10813 Knol		207	72	
YLA	thin Salay	14. FA	THER'S NAME	MIDDLE	1457		15 MOTHER'S MAIDEN NA	WE		TAST		
NA N	3 36 2	i	JUAN	M.	ZAPATÄ		CARMEN	MIDDLE	RE	TYES		
BALTIMORE,	Poges 1	16a V	WAS DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  101-22-5433 Daughter, Lillian M. Lleura, same as #13									
SALT	ote b sicto pers ol.		18 CAUSE OF DEATH (Enter only one couse per limited) in the and it is and it is a cause of DAT Co. +							APPROXIMA ETWEEN ON	SET AND DEATH	
	phy on po		PART I. DE ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) KONIVALON WOODS.									
W. PRESTON ST	death ce ottending love carbi ove carbi		Conditions, if any, which gove rise to immediate									
201 W. PR	that the d by the lease remial, crems or other t		couse (o), stating the underlying couse lost.    DUE TO, OR AS A CONSEQUENCE OF (c)									
	requires n signe Then pl r to bur injury, 4	NO	PART 2. OTHER SIGNIFICAL				NOT RELATED TO THE TERM					
AL RECO	The low ion.  those been to permit there prior the prior pri	CERTIFICATION	198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED					20€ AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O YES			
DIVISION OF VITAL RECORDS,	Hysicott In San San San San San San San San San Sa	2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOU	ME OF INJURY R. A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)		
VISION	IG PHYSICIA offending p for this certif s the buriol- nond Menta rked extent	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		ACE OF INJURY ME STREET FACTORY, OFFICE	FARM ETC )	211. LOCATION STREET	CITY OR TO	vn co	VINU	STATE	
٥	TENDIN ortol or TOR: Afr for use o of Health 21 is mor			20 I certify that (I) (this hospital) attended the deceased from 19 5, and that in (my) (our) opinion death occurred on the day and hour and from the causes stated object (I) (we) (did) (did not) view the body after death.								
	HOSPITAL OR AT PROPERTY OF A PROPERTY OF THE POST OF THE POST OF THE PORTANT. If hem PORTANT. If hem PRET, HASSED		226 SWNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRE									
	TO HOSPITAL of FUNERAL I Should be deto with the State of MADORTANT; II RET, FAQ		LAXMI		RWA M.		10658 CAI		1 SO. X	argo	Hd.	
	BP	BURIAL January31,1985 MEMORIA CEMENTERIA , NUEVO, PUERTO, REAL										
	DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR LEE FUNERAL HOME, 6633 Old Alexander 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME POR COLOR MANUEL AND 28 1985										
	(VRA 15, 4)		Ferry Road, C	linton,	Maryland 2	20735	1/4	N 2 8 1985	.c. roseriu	- 1	(vector	

